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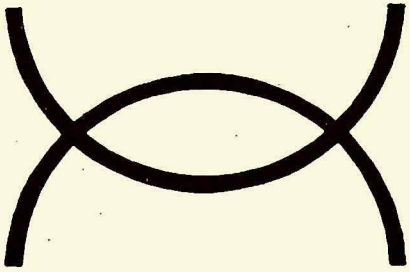

VOLUME 34, 1981

The Journal of Group Psychotherapy
Psychodrama and Sociometry

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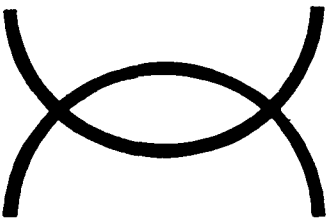

VOLUME 34, 1981

JOURNAL OF
GROUP PSYCHOTHERAPY, PSYCHODRAMA AND SOCIOMETRY
Founded by J. L. Moreno, 1947

Volume 34, 1981

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The Journal of Group Psychotherapy Psychodrama and Sociometry is published by HELDREF PUBLICATIONS (a non-profit organization), 4000 Albemarle Street, N.W., Washington, D.C. 20016. Telephone: (202) 362-6445. Heldref is the publishing division of the Helen Dwight Reid Educational Foundation; Evron M. Kirkpatrick, president.

MESSAGE FROM THE EXECUTIVE EDITORS

Continuation With a New Phase

A professional journal that has been in existence for as many years as ours naturally goes through revisions and changes periodically. Like any other institution, a journal is susceptible to a variety of pressures that tend to influence the shaping of its scope, its content, its style, and its appearance. For example, changes often occur as the result of the personalities of its editors and their operating styles. Obviously, different editors may have different basic philosophies and therefore may bring new visions regarding the mission of the journal and its objectives. Changes may also be the result of scientific and professional developments in the areas covered by the journal. Finally, but by no means least important, changes may be the result of environmental circumstances, most notably economic pressures, social influences, and even fashionable trends that may exist at certain points in the long history of the journal.

This thirty-fourth volume of our journal marks the beginning of a new phase in its history. Before we describe the innovations we are about to introduce, we would like to reassert our commitment to continue the tradition of the founder of the journal, the late Dr. J. L. Moreno, to further develop his ideas and visions. The innovations, however, will be introduced in an attempt to modify the character of the journal, to increase its coverage, and to improve its quality. Some of these innovations, or changes, grew out of

sheer necessity. But most of them evolved as the result of the deliberations and the decisions of the new editorial committee and the new publisher.

The New Phase of the Journal

The timing of the changes coincided with the change of our publisher. Last year the journal was acquired by a new publisher, the Helen Dwight Reid Educational Foundation (known by the acronym HELDREF Publications).

The acquisition by HELDREF has brought a change in the editorial leadership and its operating style with regard to the making of editorial decisions. Since the creation of the journal in 1947, it has always had one editor-in-chief, first Dr. J. L. Moreno and then Zerka T. Moreno. Now a different leadership style has been instituted. Instead of having one editor-in-chief, an editorial committee has been established. This committee, nominated for a three-year term, comprises several executive editors who will operate as one unit and whose task is to formulate an editorial policy and to develop supporting procedures as well as to see that these will be properly implemented. The present volume represents the first collective effort of this committee. It should be emphasized, however, that we do not regard the present volume as an adequate representation of the new editorial policy. In producing this volume we were bound by some decisions and commitments made by the previous editor. We also needed some time to formulate our editorial procedures while under pressure to carry on with the production of the yearly volume of the journal. This, therefore, has been a year which represented a transition period. From now on, and for the next three years, we are ready to proceed according to our new plan.

What are some of the other changes? We have decided to change the name of the journal slightly in order to give it what we regard as a more suitable title. The new name of the journal is JOURNAL OF GROUP PSYCHOTHERAPY, PSYCHODRAMA AND SOCIOMETRY.

We have also decided to join many other professional journals in the area of the behavioral sciences with regard to the style of our published articles.

Like these other journals, manuscripts submitted to the editorial committee must follow the style recommended by the American Psychological Association. Manuscripts must adhere to the instructions on reference citations, preparation of tables and figures, manuscript format, etc., as described in the *Publication Manual of the American Psychological Association* (2nd ed.). They should also be accompanied by a 100-150 word abstract. Manuscripts that do not conform to the style set forth in the *Manual* will be returned for revision. All articles are subject to editing for sexist language. The *Manual* may be found in most university libraries or alternatively obtained from the American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036. All manuscripts must be submitted in duplicate.

It is our intention to turn the journal into what is known as a *refereed journal.* Each submission will be read by two independent reviewers and anonymously, that is, with no knowledge as to the identity of its author(s). For this purpose we have created a pool of consulting editors who agreed to serve as reviewers for the journal. We have made a deliberate effort to arrive at a heterogeneous list of consulting editors. Some of these individuals are closely associated with psychodrama and sociometry. Others have experience in group psychotherapy, group processes, the application of role playing in both clinical and non-clinical settings, in life skill training, and in the areas of education, communication, and research methodology. Some of them are experienced psychotherapists and some are distinguished academicians and researchers. By creating such a broad-based list of reviewers we hope to secure a high professional standard for our journal.

We have also agreed to publish the journal quarterly beginning in 1982. In the past each volume of the journal consisted of four quarterly issues. Only in recent years was this changed to a one-issue yearly volume. It is our intention to change again and to go back to a quarterly format. In order to do this we rely on your help and support. We need more manuscripts, more submissions by you and by your colleagues. Only your help and active support can make us faithfully fulfill this commitment.

Several journals have made a policy decision which encourages the occasional publication of a *theme issue.* This is an issue entirely devoted to one central topic. The procedure through which such an issue comes into being may follow two routes. One is through a decision on a theme by the editorial committee, which in turn nominates one person or more to serve as an *ad hoc* editor(s) for that particular issue. Another route is to solicit ideas for theme issues from our readers. The executive editors will review these ideas and may ask the interested party to assume the editorial responsibility for such an issue.

The Scope of the Journal

Finally, we would like to describe our editorial policy, which represents the basic philosophy of the executive editors and their understanding of the mission and objectives of the journal. This policy is summarized in the scope statement of the journal, which will be examined sentence by sentence, with some explanatory comments. The first part of the statement reads as follows:

> "Manuscripts published in the journal will deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skill training, and other action methods to the fields of psychotherapy, counseling, and education."

The main purpose of the journal is to provide a professional public forum for developing the pioneering work of Dr. J. L. Moreno in the areas of group psychotherapy, psychodrama, and sociometry. Moreno laid the foundation in these areas. It is up to the following generations to continue his work, to develop and expand his work both in terms of new and more sophisticated applications and in terms of increased knowledge and scientific pursuits. The area of group psychotherapy, for instance, has grown in many directions, psychodramatic and otherwise. We believe that all these

are related to the basic philosophy which led Moreno to shift his attention from studying the individual person to the investigation of the group as a unit. The journal will remain open to submissions related to group psychotherapy and group behavior even if their authors do not necessarily consider themselves disciples of Moreno's teaching. Psychodrama, too, has grown in different directions. It was the first systematic code of psychotherapy to employ extensive action methods. Nowadays, action methods are used in connection with other therapeutic and training systems or even independently. Submissions pertaining to the application of a variety of action methods and their effectiveness would fit the definition of the scope of the journal. The advent of sociometry has drawn the attention of social scientists to the internal structure of groups and their functioning as interactional systems and subsystems. Therefore, submissions concerning the characteristics of social systems, large and small groups, dyads, triads, and families will be considered, provided they use action methods or sociometric explorations.

The second part of our scope statement reads as follows:

> "Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and techniques."

In our effort to make the journal more compatible with other quality professional journals we have come to the conclusion that more empirical, that is, data-based, studies are needed. These include, for example, studies using objective observational methods, surveys, and case reports where the outcome(s) has been objectively evaluated. Obviously, it includes experimental research. We are determined to exercise our editorial prerogative to give preference to such submissions over manuscripts which are essentially theoretical. We will continue to publish adequately prepared case reports and descriptions of innovative techniques, preferably with some preliminary data.

The last part of our scope statement reads as follows:

> "Theoretical articles will be published provided they have a practical application. Theme issues will be published from time to time."

In the past, journal issues included an unusually large proportion of theoretical and descriptive material. Many such articles repeated ideas already published before by reiterating parts of Moreno's theory in one way or another. Many articles compared Moreno's theory with other theories, primarily the psychoanalytic theory and its derivatives. We have agreed to make changes in the policy regarding the acceptance of theoretical articles. We will *gradually decrease* the proportion of theoretical articles in the journal by being more selective in accepting such submissions. Theoretical articles should advance *original* ideas; they should be innovative and demonstrate a *significant contribution* to the understanding of phenomena related to the areas mentioned in the scope statement. Authors of theoretical articles must satisfy the editorial committee that their ideas, analyses, or models have practical applications to the practitioner, the educator, or the researcher.

The tasks that the editorial committee have agreed to assume are not easy and are quite demanding. We have described the new changes and our policy and the rationale behind them. We hope that by adhering to them the journal will be well served in the spirit of 'a continuation with a new phase'.

George M. Gazda
Claude Guldner
Carl Hollander
David A. Kipper

Communications: Systems-Binding Capability

Allan L. Ward

As we survey the history of the study that human beings have made of their environment and themselves, we find areas of investigation that are being divided and subdivided into increasingly specific categories. A chart that might be drawn to diagram these divisions and subdivisions would resemble similar attempts to delineate a family tree, or the evolution of vertebrates, or the development of language systems. On such a chart, by starting with one item and following the lines, one can identify the "sibling," "parent," "cousin," or other more distant relationship to other categories. Such systematizations may be less than universally recognized and subject to disagreement:

Is "sociometry . . . itself a discipline," or is it in "restricted conception," a "sub-field of sociology"? (Loomis, 1949, p. 3).

In its years as an identifiable area, a number of "sociometries" have been identified: Stage sociometry; institutional sociometry; perceptual sociometry; community sociometry; clinical sociometry; pop sociometry; action sociometry; cosmic sociometry; somatic sociometry; and social networkings (Hart, 1979).

Similarly, the field of communication, identified a century ago particularly as elocution and associated with "spoken English" and drama, emerged as the identifiable area of "speech." More recently it has become the broader "speech communication," with specialized sub-areas of group dynamics, forensics, general semantics, public speaking, non-verbal, interpersonal, organizational, oral interpretation, broadcast speaking, communicative disorders, and a growing number of other specialties.

Within a diagram of academic specializations, a void may be filled by branches growing from various directions. Is "business communication" to be attached to the communications discipline, or to the business area? Persons in one discipline may not be familiar with the branching out into overlapping territory being undertaken by another area. Concerning sociometry, Hart notes, "Already new channels were being cut by the research and clinical application activities of

people 'outside' the sociometry fraternity—people who did not identify themselves as sociometrists. Many of these individuals were relatively unaware of Moreno or his contributions. Many of these individuals 'learned'—'were exposed to'—sociometry from third, fourth, or fifth-hand sources. They worked in diverse fields such as anthropology, communications, para-psychology, economics, business administration, humanistic psychology, nursing, public school administration, organizational development, and psychiatry" (Hart, 1979, p. 113).

Throughout the academic disciplines, advancement of research leads toward increasing specialization. "Modern science is characterized by its ever-increasing specialization, necessitated by the enormous amount of data, the complexity of techniques and of theoretical structures within every field," wrote Von Bertalanffy (1956, p. 1), of the situation. "This . . . has led to a breakdown of science as an integrated realm; the physicist, the biologist, the psychologist and the social scientist are, so to speak, encapsulated in a private universe, and it is difficult to get word from one cocoon to the other" (Von Bertalanffy, 1956). The same might be said for all areas of human study. Recognizing this, he helped to found an organization that sought to help with the solution, the Society for General Systems Research.

He noted that "we are impressed by the fact that similar general viewpoints and conceptions have appeared in very diverse fields. . . . These parallel developments in the various fields are even more dramatic if we consider the fact that they are mutually independent and largely unaware of each other" (Von Bertalanffy, 1956).

The Society's aim is to develop "a body of systematic theoretical constructs which will discuss the general relationships of the empirical world" (Boulding, 1956). Thus, recognizing the chart of separated but related disciplines into which humankind has divided its study of existence, the search for general systems seeks patterns of relationships that can increase understanding between fields, and facilitate learning and application.

Children see existence as one, and then, through the process of differentiation, categorize it into increasing diversity. What students of all areas must remember is that it is the disciplines that are divided, not reality itself, which flows from one aspect to another in a great complex of interrelationships. In the case of scholarship, dividing seems necessary for thorough study, yet we should not lose sight of the wholeness of reality, and mistake the verbal maps we make for the reality itself, as we are reminded by those involved in general semantics.

In the years since its inception in the 1950s, the Society for General Systems Research has issued publications with materials trying to identify patterns of relationships among the various disciplines. The spirit of this endeavor is similar to the contribution of this journal in offering its readers a look at another related discipline through its guest section. Such a look helps remind us of our historic relationships in academic studies, of voids in academic fields now being

filled by branches of specialties growing from a number of different directions, often without awareness of each other, but with the ability to enrich and enhance each other. It is yet another reminder that behind the myriad specialties of study lies the whole of creation, and that our "research sanity" is maintained by balancing our participation in one minute aspect of human-made category of study with a constant wonder at the awesome extent and complexity of the reality of existence that we are mapping.

After a quarter-century of the society's existence, a major contribution toward producing "a system of systems" is Miller's monumental *Living Systems,* which seeks to relate numbers of areas of specialization and the patterns of likenesses. He cross-grids seven hierarchical levels of living systems (the cell, the organ, the organism, the group, the organization, the society, and the supernational system) in terms of structure, process, and the subsystems which process information, matter-energy or both. Included in the areas upon which he draws for information, predictably are both sociometry and communication (Miller, 1978).

In the field of communication, it is in the area of group dynamics that the most immediate kinship with sociometry may be recognized. In another sense, communication, being by nature the use of symbols, provides the tools by which we study all fields and interrelate them as systems and subsystems. In this "systems-binding" capacity, communication inter-relates directly with every field.

There are certain aspects of any field which help to give understanding to the field as a whole. In the overall field of communication as well as the specialty of group dynamics, there are representative areas which have significance in themselves and, in conjunction with each other, provide a perspective in relation to sociometry.

Historical development is one such area. This provides a perspective that shows the branching of scholarly exploration and common areas from which later specialties grew. By tracing the "family chart" back, the historic relationships of sociometry and communication, especially involving groups, can be observed.

Building communication models is a vital area of investigation, because the concept of underlying reality held by those related to group communication activities influences their participation in the group. Increasingly it is recognized that all of the participants' life backgrounds affect their perception of the group, their roles in it, and the kind and degree of their participation. Communication models may, therefore, reflect aspects of cultural, ethnic, religious, social and other orientations, with each helping to differentiate and clarify values, perceptions, and assumptions when compared to others. A sample of even one model introduces the general process of communications modeling, and its importance to understanding of group interaction.

Participants in groups may be analyzed by a host of variables and these characteristics can be interrelated. Such variables may include differences of ethnic backgrounds, family composition, educational background, sex differences, age variations, political, religious and social orientations, and many other factors. Again, by taking one variable and examining it the method of studying others is suggested.

Another approach to the field is to look not only at the variety represented by the models, and individuals within groups, but by the variation in the types of groups–whether family, business, social–their origins, composition, functions, and unique factors that differentiate them from other categories of groups in their communication activities.

Through the insight into even a limited aspect of the history of communication study, the process of modeling, the analysis of participants, and the categories of groups, the scope of related studies can be more fully perceived. The articles that follow provide insight into these areas.

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Address: Allan L. Ward
Department of Speech Communication
University of Arkansas at Little Rock
33rd & University
Little Rock, Arkansas 72204

The Significance and Example of Communication Models

Kurt J. Hein

The use of model-building is vital to the understanding of communicative interaction for purposes of theory-construction and concept application. The various tools of sociometric measurement and the techniques of group dynamics communication analysis provide information that is summarized in models and modified by continued investigation. Models provide both a means of producing theories to test and of correlating information received.

Models reflect constructs of perspectives reflected in social, educational, philosophical and religious assumptions and beliefs. As an example of such a new model-construct, an emerging religious system is utilized to show how philosophical, historical, communication, and organizational concepts influence the development of a paradigm.

One of the more active communication theorists today, James W. Carey, describes communication models as both representations *of* and representations *for* communication. The model is the "template" that guides the "concrete process of human interaction–mass and interpersonal" (Carey, 1973, p. 3). It determines both how we see the process of communication and how we attempt to engage in communication. Traditional communication models have been based upon the notion of "sender-message-channel-receiver." This view of communication is described by Carey as the "transmission" view of communication. Placing its historical roots in the nineteenth century, he defines this view as "a process and as a technology that would, sometimes for religious purposes, spread, transmit, and disseminate knowledge, ideas, information further and faster with the end of controlling space and people" (p. 6). Under this view, communication is seen as the process of transmitting information for the control of space, be it social status, an economic market, or a political territory.

An important aspect of communication models based upon this transmission view is the "one-way" nature of information flow. Messages are generated from a particular source and transmitted to a specific receiver. "Feedback" on the

utilization of the message by the receiver is used by the sender to alter the message, to make the message more effective in producing the receiver-behaviors desired by the sender. In this vertical aspect of the transmission model, decision-making authority regarding message design, dissemination, and control rests with the sender.

The transmission view of communication is essentially reflective of the dominant paradigm of the physical sciences. Seeking legitimation, the fledgling "social" sciences that evolved in the late nineteenth and early twentieth centuries, including communications, became associated with the commitments of the scientific community–commitments to concepts of the nature of man (e.g., toolmaker), theories of human behavior (e.g., stimulus-response), methodological approaches (e.g., deductive reasoning, experimentation) and instruments with which to quantify human behavior. Communication models derived from this paradigm have led to the development of techniques and technologies aimed at manipulating the social environment, be it a small group, a business organization, or a "developing" nation. The basic premise is that once the relevant communication variables influencing human behavior are identified, they can be scientifically manipulated to eradicate social problems and help to build balanced and orderly societies. Thus the concept of "social engineering."

However, a growing dissatisfaction with the inability of traditional models to help resolve serious communication problems (in spite of attempts to manipulate variables) has led many communication theorists and practitioners to examine the source of the models, to critically evaluate the apparent weaknesses of the dominant paradigm.

In his analysis of the major "crisis critics" in communications theory (including Carey, Jacques Ellul, Raymond Williams, Jurgen Habermas, and Harold Innis), Lawrence Grossberg (1979) summarizes the criticisms levelled at the dominant communication models as follows: (1) "Informational": we receive information that is highly selective, limited, and distorted; (2) "subjective": the individual has lost his unique identity to the mass; (3) "structural": we are dominated by one (erroneous) symbol system; (4) "interactional": we have lost our opportunity for dialogue and, hence, our shared values and our sense of community; (5) "transcendental": we have lost touch with our subjective nature, we have an incomplete awareness of the true nature of man; (6) "representational": we have replaced reality with images and ideology; our supposedly factual grounding is fictional.

In light of such "weaknesses" of the transmission view, Carey (1975) proposes an alternate, "ritual," view:

> A ritual view of communication is not directed toward the extension of messages in space but the maintenance of society in time; not the act of imparting information but the representation of shared beliefs (p. 7).

This ritual view is associated with the traditional religious concepts from which its vocabulary derives, concepts that include sharing, participation, association, fellowship, and the possession of a common system of beliefs and values. From this perspective, communication is not merely the exchange of information, "it is a presentation of reality that gives to life an overall form, order, and tone" (pp. 9-10). This ritual view calls for a new definition, a paradigm, for communication:

> Our minds and lives are shaped by our total experience, or better, by representations of experience and . . . a name for this experience is communication. If one tries to examine society as a form of communication, he sees it as a process whereby reality is created, modified, and preserved. When this process goes opaque, when we lack models of and for reality that make the world apprehensible, when we are unable to describe it and share it, when because of a failure of our models of communication, we are unable to connect with others, one encounters problems of communication in their most potent form (Carey, 1975, p. 13).

(Carey's suggestion that society is a form of communication is grounded in the work of such people as John Dewey, George Herbert Mead, Ernst Cassirer, Hugh Dalziel Duncan, and Herbert Blumer.)

According to Thomas Kuhn (1962), in all sciences the models we construct are based upon a certain view of the world—a "paradigm." If, as the "crisis critics" contend, our dominant communication (hence societal) models are dysfunctional due to an obsolete paradigm, then one of the primary tasks for social research would be to seek out new models that are reflective of a "paradigm shift," specifically, the shift from a transmission view to a visual view. Carey specifically cites religion as the source from which both of these models of communication have been derived (as his choice of the term "ritual" implies). An early first step in social research, therefore, would be to identify those elements of ritual, as expressed in religion, that determine the structure of social communication. Much of the groundwork already has been laid by such eminent social scientists as Emile Durkheim (1915), Claude Levi-Strauss (1963), and Peter Berger and Thomas Luckman (1966). Taking their lead, we can expect that ritual elements of a new paradigm would need to include:

1. a universal symbol system that articulates transcendent as well as parochial concerns;
2. a strong sense of order, placing man in a balanced relationship with the cosmos, earth, society, and self;
3. the ability to accommodate both man's "objective" and "subjective" natures;
4. a strong sense of history, conscious of the cycles of repetition and renewal;

5. an emphasis on dialogue and the establishment of localized public institutions that provide for the participation of diverse segments of the population;
6. a high moral/ethical content that separates the "sacred" from the "profane," while at the same time guaranteeing essential freedoms.

Perhaps the most distinguishing feature of such a model would be its dynamic tension as it works to balance the forces calling for universality, equality, and collectivism with the appeal for localism, diversity, and individual freedom.

When examining the process of the emergence of new paradigms, Kuhn found that "the solutions to each (crisis) had been at least partially anticipated during a period when there was no crisis in corresponding science; and in the absence of crisis those anticipations had been ignored" (Kuhn, 1962, p. 75). He also found that often "a new paradigm emerges, at least in embryo, before a crisis has developed far or been explicitly recognized" (Kuhn, 1962, p. 86). If such an "embryo" does exist, we can anticipate that it is still crude in form, that its proponents would not be wholly socialized within the existent social structures; that they would probably come from "outside" established "legitimate" communities and, therefore, that they are more likely to be youthful and/or "powerless." We should also be able to identify it in part by its distinguishing ritual characteristics.

Given Carey's acknowledgement of religion as a source for communication models, the next logical avenue for research might be to examine emergent religious models to see if any incorporate the ritual elements outlined above. One such candidate, to date only briefly explored in works such as Berger (1954) and Mahmoudi (1966), is the Bahá'í Faith. This religion seems to meet Kuhn's expectation that a candidate be in "embryo" form and exist outside established institutions. However, its rapid growth and its universal appeal make it a worthy candidate for investigation. We can begin to determine its value for sociological analysis as a potential source for a new communication model by weighing it against the ritual elements outlined above.

(1) *A Universal Symbol System.* The universal appeal of the Bahá'í teachings appears well established. From its beginnings in 1844, its membership has grown to include residents of over 340 countries and territories around the globe, with members coming from virtually every known racial, religious, linguistic, economic, and ethnic background. (Unless otherwise indicated, all statistics have been obtained through interviews with administrators at the Bahá'í National Center in Wilmette, Illinois.) In an address before the World Congress of Faiths in 1976, Douglas Martin noted:

> in attracting adherents from every race, class, and creed the process of assimilation has not occurred at the expense of cultural and spiritual diversity of its members. . . . Those who have entered the community of Bahá'u'lláh

from Jewish, Buddhist, Muslim, Christian, Hindu, Sikh, or Zoroastrian backgrounds believe that they have done so with their original faith fully intact. (Beyond accepting the validity of all the great revealed religions, the Bahá'í Cause holds that, according to a predetermined order, they have revealed progressively more complete aspects of the Divine Will and have been the primary motivating force in the building of civilization.) (Martin, 1978, p. 683).

(2) *Social Order.* In addition to addressing the relationship of human beings to their own selves and to the Diety, the Bahá'í Community is engaged in the task of constructing a new social order—the "World Order" of Bahá'u'lláh, Prophet-Founder of the Faith (1817-1892). The global Bahá'í Community is organized on the basis of Bahá'u'lláh's authoritative writings (the foundation of the religion's scripture), which include guidance on individual, local, national, and international social affairs. (Particular emphasis is placed on the family as the basic social unit.) There are Bahá'ís in over 100,000 localities around the world; national administrative bodies, known as National Spiritual Assemblies, exist in 130 countries; there are currently over 25,000 local administrative agencies, called Local Spiritual Assemblies. Membership statistics do not include the total number of Bahá'ís in the world, although it is generally assumed to number in the millions.

(3) *The Objective and Subjective Aspects of Human Beings.* Bahá'u'lláh's writings describe human beings as possessing a dual, "material and spiritual," nature. Their purpose is summarized as knowing and loving God, advancing civilization through service to humanity, and performing deeds that are reflective of one's acquisition of spiritual virtues. Intellect is regarded as God's greatest gift to humanity, and the Bahá'í teachings proclaim the essential harmony of science and religion. A Bahá'í works to order individual life so that daily actions are signs of higher, transcendent spiritual truths.

(4) *History.* Another unifying force of the Bahá'í community is its sense of common history, focusing especially on the sufferings of the Faith's Founders, the martyrdom of more than 20,000 of its early believers, and the steady evolution of the Bahá'í social system. Bahá'í writings emphasize the contrast between the growth of the Faith and the steady disintegration of traditional social institutions throughout the world (Shoghi Effendi, 1939, 1942). One feature of the religion's history in particular is worthy of note:

A feature of Bahá'u'lláh's model . . . which has enormous significance for the future, is the fact that it has passed safely through the first critical century of its history with its *unity* firmly intact. No single effort to create sects and factions has survived the generation which saw it appear. There is not, so far

as I am aware, any other great movement in recorded history–religious, political, or social–of which this can be said (Martin, 1978, p. 684).

(5) *Dialogue, Participation, Local Institutions.* The Bahá'ís have no clergy; membership on the executive bodies, the Assemblies, is determined by universal suffrage among the community membership. Elections are conducted annually by secret ballot without campaigning, electioneering, or the practice of partisan politics. The Bahá'í calendar is composed of nineteen months, in which Holy Days and Anniversaries are observed. At the beginning of each Bahá'í month, a Nineteen Day Feast is held. The Feast is the institution wherein members gather together for devotions, socializing, and the conducting of community business. These meetings follow Bahá'u'lláh's guidelines for community dialogue and decision-making, called "consultation" (Walker, 1976). The process of consultation encourages the participation of every member in setting the agenda and the priorities for the affairs of the community. This includes such things as addressing personal problems, overseeing the education of children, administering the funds, attending to details of births, marriages, and deaths, etc.

(6) *Moral Standards.*

Solely out of devotion to the Founder of the Bahá'í Cause ordinary people in every part of the world have surrendered themselves to a process of education in ideals as comprehensive and challenging as the goals of the most advanced social reformers: the eradication of prejudices, the independent investigation of truth, the assurance of equality of opportunity to men and women, a program of universal education, the attainment of social justice, and the establishment of an effective world order, to name only a few of these ideals. The point is that these principles are not merely matters of sociological theory within the Baha'í community but integral parts of the psychological pattern and emotional life in which generations of human beings, one generation after another, are being patiently and deliberately raised (Martin, 1978, p. 683).

The purpose of presenting the Bahá'í model in this context is not to encourage the allegiance of the scientific community to the claims of a particular religion, nor is it to seek the replacement of scientific inquiry with revelation and faith! Rather, the purpose is two-fold. First, to demonstrate the significance of Carey's contention that models of communication (society) carry both a representation *of* and a representation *for* communication. Second, if this cursory examination of one nascent model is even reasonably accurate, it indicates that a "ritual view" of communication as a process by which social institutions are formed holds tremendous potential for the future development of the social sciences. (The assumption being, of course, that the development of unified, diverse, participatory social institutions is the concern of every sociologist, of every model we develop, and of every study we undertake!)

In an editorial entitled "Many Sociometries," Joe Hart contends that the "sociometric traditionalists" can only survive if they are "expansive," if they invite other leaders, researchers, and practitioners into their "realm" (Hart, 1979, p. 116). That sociometrists have opened their "realm" to such disciplines as communication theory is a palpable sign of its vitality. The question of survival that faces sociometrists appears to be analogous to the current "crises" in communication theory. The important questions seem to be: Is the "transmission" paradigm relevant for sociometry? Are the weaknesses inherent in the paradigm reflected in sociometric models? Are the models providing a satisfactory approach to the resolution of social problems? Does Carey's call for a new, "ritual" paradigm offer any promise to the development of sociometric models? If the answers to the first three questions are "No," or even "Maybe," then it appears that the fourth answer must be a robust "Perhaps!" Those who work in the discipline are responsible for answering the questions. Hopefully, the very asking of them will help to ensure not only sociometry's survival, but also its efflorescence.

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Address: Kurt J. Hein
Apartado 14
Otavalo, Ecuador

Sociometric Approaches within the Family Communication Course

Kathleen M. Galvin

Family interaction is being studied from the perspectives of a variety of disciplines. Communication researchers are concerned with identifying patterns of communication and their effect on interactional behavior.

Within the role family context, by participating in the transactional or mutual influence process, students will be able to analyze communication behavior in actual families and apply the knowledge thus gained toward the improvement of family interaction.

Although the family has long been a domain of active study for those involved in social and behavioral inquiry, scholars in communication only recently have turned their attention to prolonged interpersonal relationships, and, more specifically, to interpersonal interaction within families. The past decade witnessed the development of theory and research in communication focused on marital and family relationships (Bochner, 1976; Fitzpatrick, 1979; Gilbert, 1976; Ericson & Rodgers, 1973; Waterman, 1979), as well as the rise of the family communication course concerned with interactions in functional families (Goldberg & Goldberg, 1976). This paper will provide a brief introduction to key concepts in family communication and describe one teaching methodology, the family social simulation, which utilizes approaches relevant to those interested in sociometry.

Historically most of the literature on family interaction deals with troubled or dysfunctional families. Only recently has the "normal" or non-pathological/functional family received much attention and even more recently has the attention centered on communication behaviors. In his essay on the conceptual frontiers in the study of family communication, Bochner (1976) describes the family from a communication perspective, as ". . . an organized, naturally occurring relational interaction system, usually occupying a common living space over an extended time period, and possessing a confluence of interpersonal images which evolve through the exchange of messages over time" (p. 383).

Working from the assumption that family members interact with one another in the same manner over and over again, communication researchers are concerned with finding patterns and understanding the effects of these patterns on the family's interactional behavior. Some are concerned with a purely descriptive understanding of family functioning; most are concerned with discovering what interaction patterns are associated with family "health" or with family dysfunction. Communication educators attempt to translate current research and theory into content and instructional practices for use in marital and family enrichment programs or courses.

Before describing one specific approach to the family communication course some basic terms and assumptions should be noted. Communication may be viewed as a symbolic transaction process by which messages are exchanged. For most people concerned with interpersonal communication there is an underlying assumption about communication, namely, that how people exchange messages influences the form and content of their relationship. As communication serves to shape the structure of the family system and the individuals involved, a family develops its own set of meanings. The family-of-origin or family in which one is raised, serves as the first, and often as the most significant, source of instruction in relationship development. Persons are socialized and enculturated within a family and when they create new family units much of that previous learning influences the development of the new relationships.

Most work in family communication moves from the premise that the family is a system with characteristics of: interdependence, wholeness, mutual causality/punctuation, patterns/rules, calibration/feedback, equifinality, organizational complexity, adaptation, and information processing (Kantor & Lehr, 1976; Littlejohn, 1978; Watzlawick, Beavin & Jackson, 1967). In their attempt to integrate the numerous concepts related to marital/family interaction Olson, Sprenkle and Russell (1979) suggest that the conceptual clustering of such concepts ". . . reveals two significant dimensions of family behavior: cohesion and adaptability." (3) Cohesion, or the ". . . emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson et al., p. 5), relates to the distance regulation or closeness/separateness decisions reached within families. Adaptability or the ". . . ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situation and developmental stress" (Olson et al., p. 12) relates to the family's flexibility in coping with change. By integrating the previously-noted concepts, the family may be viewed as a communication system which regulates cohesion and adaptability by a flow of message patterns through a defined network of evolving interdependent relationships (Galvin & Brommel).

Within a family communication course major topic areas may include: the family as a communication system, family context (time, space and energy), de-

velopment of familial relationships, family intimacy, family roles and typologies, family conflict, power and decisionmaking in families, predictable and unpredictable family change, and improving family communication. Within some courses the creation of in-class families through social simulation serves as a major teaching technique which allows students to: (1) experience family interaction patterns different from those of their own families-of-origin and (2) analyze a variety of ongoing family interactions according to the concepts presented in class lectures and readings. The following description of such a simulation highlights the steps in the process; a more detailed account of the simulation may be found elsewhere (Galvin, 1979).

At the beginning of the course class members are informed that a major teaching strategy involves extended role playing and are asked to commit themselves to this approach if they wish to remain in the course. Students are presented with alternative family forms (natural blended, single-parent and extended, adapted from Satir's work), and asked to select a type in which to function. Eventually four to seven person families are developed through discussion and in-class negotiation. Students select two family roles they would be willing to try, such as single-parent mother, or a younger daughter in a blended family, and are assigned one, if possible. Specific guidelines for roleplaying include: (1) Do not indicate why you chose your role, (2) Do not indicate outside of role how you are feeling about the role, (3) Do not discuss the role play with classmates out of role, and (4) Do not discuss if or how the role relates to your own family. Such issues are dealt with during the de-roling process.

After the families are formed the members must create a general family history, set present data (age, job, income, etc.) and decide upon a family name. Families are given a half-hour at the end of each two-hour class session to interact as a family and respond to any particular directions.

Although family tasks and issues eventually emerge from the members' concerns, certain general assignments are used to initiate or further the families' interactions. Also individual family members occasionally are given specific tasks which involve the whole family's attention. At points unique to each family, issues that are raised might be continued and deliberately intensified at a later session. During the sessions family members are encouraged or directed to break into logical subgroups, e.g. marital couple, to foster more one-to-one interaction. These subgroup divisions may occur at any natural point.

After a few sessions, specific conflicts among family members emerge and approximately two-thirds of the way through the term each family is informed that it will be seeing a family counselor. In order to prepare for this session, each family is asked to select a specific conflict or a specific member to serve as the reason for the initial visit. A practicing family counselor is invited to conduct an initial interview with each family. The counselor attempts to highlight or uncover the communication dynamics of each family system, usually shifting focus

from the presenting problem to the relationships among all family members. After the counseling sessions, each family group engages in a very specific deroling process to aid members in leaving the roles that have become quite intense.

Most of the exercises are done simultaneously in individual family groups, but when observation of other families is involved, the feedback of the observers serves as valuable information for the participating families about how they appear to others. This feedback serves as an external force in developing the cohesion and sense of role within each family. A take-home midterm requesting a detailed analysis of the simulated family as a communication system insures a cognitive application of the significant concepts from the lectures and readings.

Many of the role experiences involve sociometric techniques or approaches (Hart, 1979). At an early point in the term each role family participates in a group exercise, such as an art interaction project requiring the drawing of individual and group symbols. At the conclusion of the exercise family members receive feedback from class members about their interaction. For example, observers will be expected to indicate which family members chose to work together or to work alone, and the perceived effect of these choices on total family functioning. Such comments serve to give family members feedback about themselves and strengthen the family identification.

During the class lectures on communication networks within families, students are encouraged to analyze the specific message transmission patterns within their role families and to determine to what extent models, such as the chain or the wheel, operate within their systems. Eventually they should be able to explain why certain family networks emerged as more viable than others and describe the effect of these networks on role family functioning.

Later in the term students are introduced to the concept of family sculpting. Each one is asked to sculpt his or her role family in front of the class using the individual members, including himself or herself. Each family member is placed in physical relationship to other members which represents the "sculptor's" perception of the member's separateness or connectedness within the family. For example, one student may place her mother and sister holding hands and looking at each other and her father on a chair facing away from the family. She may place herself next to the two women reaching between them as if trying to separate them. Another member of the same family may create a totally different sculpture. Such an experience demonstrates the relational perception of each family member and gives each person feedback as to how he or she is seen in relationship to other family members. In addition to the sculpting, students may be given the opportunity to draw spatial symbolic representations of their perceptions of family relationships using geometric shapes. Sometimes students symbolically contrast their real and ideal families indicating the persons with whom they wish their relationship was different.

Instead of just reading about the instruments used in family interaction re-

search, students are able to try out certain instruments within their role families or through observation and recording of other role families.* Pitfalls and strengths of particular approaches become far clearer when students are able to engage in such a practice. Also, in considering the numerous marital and family enrichment programs designed to improve communication within such systems, role families are given the opportunity to experience and demonstrate interpersonal exercises, some of which involve sociometric choices. In doing so, students are better able to evaluate the potential use and effectiveness of such strategies.

As part of the extensive de-roling process students are encouraged to: (1) indicate how they perceived other family members and why they chose to relate to them in specific ways, and (2) analyze the transactional nature of the role interactions (e.g., submissive mother vs. dominant daughter or submissive daughter) and its effect on the family's communication pattern. During the de-roling students are given the opportunity to share their feelings about being in such roles and the connection, if any, between their role behaviors and some aspect of their personal lives. Interpersonal role choices are explored carefully as students review the development of the family system.

This social simulation requires a significant commitment of both students' and teacher's time and energy but the learning attained through this method could not be gained in a different manner. Multiple concepts may be processed from a single day's role encounter. The development of these roles powerfully demonstrates the systemic and transactional nature of communication within family systems since the interpersonal influence process becomes startlingly clear after a few sessions; people begin to understand their communication within the context of the other family members' communication behavior. While watching or experiencing family structures different from their personal families, students may observe or experience alternative communication strategies and, in a safe setting, try out and evaluate the effectiveness of these new behaviors.

Exposure to sociometric approaches in a simulated setting provides students with a safe environment in which to experience such techniques and prepare them for future encounters with such approaches. Hopefully by participating in the transactional, or mutual influence process, within the role family context students will be able to analyze communication behavior in actual families and apply their learnings toward the improvement of family relationships.

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*For further information on some of these instruments see the following: Philip Ericson and L. Edna Rogers, New procedures for analyzing relational communication, *Family Process*, 1973, *12*, 245-267; G. R. Patterson, The aggressive child: Victim or architect of a coercive system, ed. L. C. Handy and E. J. Marsh, *Behavior Modification and Families, I, Theory and Research*, New York: Bruner Mazel, 1976; J. Riskin and E. E. Faunce, Family interaction scales, I, Theoretical framework and method, *Archives of General Psychiatry*, 1970, *22*, 527-537; F. van der Veen and A. L. Nowak, Perceived parental attitudes and family concepts of disturbed adolescents, normal siblings and normal controls, *Family Process*, 1971, *10*, 327-344.

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Address: Kathleen M. Galvin
Department of Speech Education
Northwestern University
Evanston, Illinois 60201

Sex Differences in Group Communication: Directions for Research in Speech Communications and Sociometry

Julia T. Wood

A review is made of historical and contemporary research on differences between male and female participation and leadership in problem-solving group discussion.

A summary of two exploratory studies suggests the need for current study of female and male communication in groups.

From these two areas follows a discussion of lines of research appropriate to scholars in speech communication and sociometry.

Speech Communication defines its interests broadly as study and understanding of interactions that shape and sustain human relationships. As we interact with others we use communication to construct our social worlds and—conversely—our communication reflects the substance and order with which we have imbued our worlds. Researchers in Speech Communication study the variety of ways in which communication creates and reflects human interaction, a focus that leads to interest in a variety of contemporary social issues. Within the past few years one topic has garnered increasing attention: relationships between an individual's sex and her/his attitudes and behaviors. Current academic and popular literature report comparisons of women and men on various dimensions and in diverse contexts.

This article focuses on comparisons of female and male communication in problem-solving group discussions. In the first section I review research on differences between female and male communication in groups. Next I summarize two exploratory studies I conducted to test the current validity of earlier findings. Finally I suggest how scholars in Speech Communication and Sociometry might extend study and improve practice of female and male communication in problem-solving groups.

Review of Existing Research

Interest in sex differences in group communication dates back to Landis and Burtt's (1924) investigation of mixed-sex conversations. Between 1924 and 1970 a wealth of research compared female and male communication in groups. From this work two general findings consistently emerged: (1) In mixed-sex discussion female communication tends to focus on interpersonal or social issues while male communication characteristically attends to task issues (Bennett & Cohen, 1959; Berg and Bass, 1961; Carey, 1958; Heiss, 1962; Milton, 1957; Strodtbeck, 1953; Strodtbeck & Mann, 1951; Terman & Miles, 1936). (2) In mixed-sex interaction men participate more actively and forcefully than women (Bond & Vinacke, 1961; Daess, Witryol & Nolan, 1961; Kramer, 1974; Megaree, 1969; Stewart, 1947; Uesugi & Vinacke, 1963; Wood, 1966).

A related body of research focusing on sex differences in group leadership has a more limited history since only recently have women been recognized as leaders. Other than scattered pioneer studies (e.g., Terman, 1904), comparisons of female and male leadership are confined to the past decade. These recent studies provide three significant conclusions: (1) Distinct communication styles characterize female and male leadership. While women in leadership roles are no less task-oriented than men, they are more concerned with interpersonal relationships within work groups (Baird & Bradley, 1979; Bormann, Pratt & Putnam, 1978; Day & Stogdill, 1972; Gerrard, Oliver and Williams, 1976; Rosenfeld and Fowler, 1976). (2) Compared to male leaders, female leaders exercise a less aggressive, less visible style of command, often referred to as "low-profile leadership" (Baird & Bradley, 1979; Bormann, Pratt & Putnam, 1978; Maier, 1970). (3) One of the major difficulties faced by female leaders is some males' negative attitudes toward women in leadership positions. In response to female leaders men may withdraw from interaction, aggress against the leader, compete for power, or otherwise attempt to undermine the leader (Bass, Krussel & Alexander, 1971; Bormann, Pratt & Putnam, 1978; Bowman, Worthy & Greyser, 1965; Orth & Jacobs, 1971; Yerby, 1975).

Despite the five general findings summarized above, existing knowledge of sex differences in group communication is inadequate in two important respects. First, the majority of empirical research was conducted in excess of ten years ago—a time lag that is significant in view of recent radical changes in sex-role attitudes and behaviors. Even some of the recent reports on sex differences in group communication (e.g., Baird, 1976) rely on investigations conducted at times when traditional sex roles prevailed. It is unclear how applicable earlier findings are to female and male behaviors in the 1980s. A second problem in existing research, both current and dated, is the frequent failure to study *actual communication.* The bulk of research is based on actors' or co-actors' perceptions of communication. Perceptions are based partially on expectations of how

females and males generally act; expectations, in turn, are influenced by frequently voiced claims derived from (out)dated research. Thus, texts and articles report, for instance, in groups women talk about social issues while men talk about task matters. Having learned this "fact" students (still the most popular subjects of academic research) may notice female and male behaviors conforming to their expectations, overlook behaviors that do not conform and, thus, report perceptions congruent with existing lore, although perhaps inconsistent with the actual behaviors that occur.

Due to its dated nature and reliance on indirect measures of communicative behaviors, existing research provides limited information about the communication of contemporary women and men in problem-solving groups.

Research Report

To update the record on female and male communication in groups I conducted two exploratory studies. For my subjects I used students in mixed-sex, naturally-evolving task groups. In the first study I compared the communication of female and male members of 23 five-person groups (11 female leaders, 44 female members, 12 male leaders, 48 male members). In the second study I compared the communication of female and male leaders of 55 five-person task groups (22 female leaders, 100 female members, 33 male leaders, 120 male members). All groups contained at least two men and at least two women, and all groups had single leaders who had emerged through interaction and who were recognized as leaders by the members.

For each of the 78 groups forty minutes of discussion were observed and coded. To maintain consistency with earlier research on which the present studies were based, I used the Bales IPA instrument for classifying communication (Bales, 1950). As a check on coding accuracy, two randomly selected discussions were independently coded by me and an assistant, yielding a .931 Scott's coefficient of reliability (Hosti, 1969, p. 140). This high inter-coder reliability justified reliance on a single coder for final coding of discussions.

I translated each subject's participation into her or his percentage of the total comments comprising the discussion in which he/she participated. Percentage scores were preferable to sum-of-comments scores since discussions varied in pace and total number of comments made.

To analyze results I computed two analyses of variance followed by a series of *t*-tests for unrelated data. Following is a summary of my major findings as related to the five generalizations drawn from existing research on sex differences in group communication.

1. *In group discussion male members communicate more actively than female members.* This finding held up not only for members on the average, but

for members in every condition investigated. Men are more verbally active than women in both female-led and male-led discussions. Male members contributed an average of 20.4% of the total comments in a discussion while female members averaged a significantly lower 15.34% (t=5.77; df=218; p<.001).

2. *Male members participate more actively under female leaders than under male leaders; the converse is not true.* In discussions led by women, male members contributed approximately 2.5% more comments than they did in discussions led by men (t=1.9; df=118; p=.059). By contrast, female members maintained relatively stable participation, regardless of leader sex. There was only a 1.3% variation in the amount of female participation (t=1.15; df=98; p=.255). This pattern of interaction has been noted in previous work and has led to the suggestion that men attempt to dominate female-led groups because they are defensive when faced by a woman possessing higher status than their own (Bormann, Pratt & Putnam, 1978). Although colorful, this explanation cannot be supported by empirical data. A more plausible explanation of the interaction pattern is based on inculcated cultural assumptions regarding male superiority in cognitive tasks such as problem-solving discussion. This assumption is challenged by situations in which females earn leadership and males are subordinate to them. Men may assert themselves more strongly than they do in groups led by other men. The female leaders, in turn, may see male members' high levels of participation as acceptable, even desirable since they are entirely consistent with entrenched cultural norms.

3. *Male and female members devote relatively equal amounts of their communication to task issues.* This finding diverges from results of earlier research. While female members in this study were slightly less task-oriented than male members, the difference is not pronounced. About 81% of females' total communication was task-related while 84.5% of the males' communication was task-related. This difference is not statistically significant (t=1.68; df=90; p=.95). This finding suggests distinctions between female and male communication in task groups may be diminishing, probably as a consequence of emergent self-conceptions, expectations and socializing experiences of women and men.

4. *Male leaders participate more actively than female leaders.* Male leaders in this study contributed an average of 31.67% of the comments in their five-person discussions while female leaders contributed an average of only 24.55% of the total comments, a difference that is statistically significant (t=4.06; df=53; p<.001). This finding is consistent with previous descriptions of low-profile female leadership. It is tempting to attach judgment to this descriptive data and to assume qualitative distinctions between female and male styles of leadership. As yet, however, there is inadequate basis for evaluating the implications of low-profile leadership.

5. *Female leaders devote a greater portion of their total communication to task issues than do male leaders.* Contrary to the bulk of early research I found that female leaders were significantly more task-oriented than their male counterparts. Female leaders devoted about 85% of their communication to task matters while male leaders focused only about 77% of their communication on task matters (t=2.10; df=53; p=.048). This finding is particularly intriguing given the lack of statistically significant differences between the task-orientation of female and male members. It may be that in order to emerge as leaders of mixed-sex groups women need to demonstrate competence by dispelling stereotypical images of women as nurturers and socializers and by building alternate images of women as task-oriented, down-to-business colleagues. One strategy for accomplishing this would be to escalate the amount of task communication and decrease the social communication, a pattern evident in my study.

Implications for Future Research

The studies reported here were exploratory and should be tempered with appropriate caution. The subjects for this research were educated, upwardly mobile, career-oriented and youthful. Since earlier research also employed this type of subject (i.e., students) findings reported here represent valid evidence of change within the specific population investigated. However, we do not know whether similar findings would be obtained from research on other types of populations such as ones less educated, young or career-oriented. Further research that examines female and male communication in diverse contexts will extend our understanding of changes in communication style.

Perhaps the most important outcome of my research is that it underscores the need for *current* investigations of sex differences in communication. We cannot justify continued reliance on findings that are outdated and whose validity may have seriously eroded. The inconsistencies between findings of my studies and those from earlier work provide impetus for continued research in this area.

Researchers in Speech Communication and Sociometry can build on the work reported here. Speech Communication scholars might focus on the nature and implications of low-profile female leadership. Along this line, several questions quickly come to mind: How does a less verbally active style of leadership influence members' perceptions of a leader's authority, competence, credibility or confidence? To what extent is the general image of effective leadership tied up with communicative assertiveness? Does a less verbally aggressive leadership style affect members' maturity and initiative? Are particular types of members and/or certain kinds of group tasks best managed by low-profile leadership and other types of members and tasks appropriately managed by more assertive leadership?

A second avenue for investigation by Speech Communication scholars is comparisons of female and male leadership in non-task groups. The bulk of

existing research on sex differences applies to task group interaction. Further work is necessary to determine differences between female and male participation and leadership in social groups or groups with both social and task foci (Wood, 1979).

Researchers in Sociometry could complement and extend the work reported here. With their expertise in measurement procedures sociometrists could map relationships in mixed-sex groups to illuminate some of the interpersonal dynamics of female-male interactions. Study of reciprocal impressions of female leaders and male members, for example, might provide insight into the kinds of attitudes that facilitate and undermine female leadership and group effectiveness. Group achievement depends largely upon relationships among members and between a leader and her/his members. Sociometrists have background and training that uniquely qualifies them to zero in on these relationships and to examine their impact on group climate and productivity.

Along more practical lines sociometric choice measures might be developed to assess interpersonal lines of acceptance and rejection and, thus, to provide information on how to form effective work groups. Many of the problems women manager/leaders encounter result from subordinates' predispositions against women's occupancy of high status roles. More careful selection of persons who work with or under female leaders should enhance group morale and cohesiveness (Moreno, 1934). A related project would be to examine the "mental health" of existing mixed-sex groups by mapping lines of attraction and rejection. Sociometrists can vitally contribute to our understanding of how interpersonal impressions and relations in groups influence the process and products of interaction.

Few research topics are more timely than sex differences in group communication because styles of participation and leadership are the crux of group morale and accomplishment. We would benefit by fuller understanding of issues such as the distinct nature of female and male leadership, the difference, if any, between interaction climates stimulated by female and male leaders, group conditions that impede or advance females' chances for effectiveness, and methods for forming effective groups. Topics such as these assume clear importance as men and women find themselves interacting as professional peers and as women increasingly earn positions of leadership.

Speech Communication, Sociometry and other socially responsive disciplines can do much to advance understanding of male and female communication and interaction in groups. Through our research we extend current knowledge and correct erroneous ideas based on outdated studies. Through development and implementation of group formation methods we increase the quality of group processes. Finally, through our interaction in forums such as this journal we encourage intellectual exchange that transcends disciplinary lines and keeps us abreast of ideas of colleagues with whom we find affinity.

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Address: Julia T. Wood
Department of Speech Communication
The University of North Carolina
Chapel Hill, North Carolina 27514

The Relevance of Speech Communication to Sociometry

Alton Barbour

Sociometry is the science of the measurement of group structures based on sentiment. Speech communication is a discipline in the behavioral sciences which concerns itself with the most human of all human activities, spoken interaction. Do these two areas have any significant relationship to one another? Is there anything of importance which might be gained by looking for such relationships? As an individual with interests in both areas, I believe that each has something of importance to say to the other. I believe that it is noteworthy that when J. L. Moreno was first invited to a university as a distinguished and respected guest lecturer, instead of an object of ridicule, it was by Elwood Murray of the Department of Speech Communication at the University of Denver. The year was 1946. Elwood Murray could see even then that Moreno had something of importance to say to those who studied communication. Both J. L. Moreno and Zerka Moreno have spoken there several times since that initial invitation.

As a discipline, speech communication is one of the oldest. Originally called "rhetoric" and concerned with persuasion, it was one third of the original trivium of classical Roman education. The first major rhetorician was Aristotle (c. 350 B.C.) who was essentially an empiricist. He watched orators speak and, based on his observations, developed guidelines or principles of effective persuasion. At that time, there was an applied as well as a scientific aspect to investigating the spoken word. The same kind of duality exists today in the discipline. There are those who are "applied" and concerned about the *presentational* side of speech or what is usually called "public address." There are also those who don't care if anyone makes a formal presentation, ever. They are still concerned about speech, but it is the kind of speaking we do numerous times informally everyday. It is the kind of speaking we do at work in problem-solving sessions, in the home in relating to one another as a family, or in one-to-one relationships such as friendships. These interactions are not formal or "public speech," but they are also "speech" and might be said to be the most important thing we do

with one another. I have referred to "speech" and "interaction." To verbalize and to speak may be the same thing, but a verbalizer and an interactor are not the same. A single person may speak, but to communicate or interact requires another person to respond in some way to what was said. Speech Communication is not just utterance, but interaction. The social and behavioral scientists in speech communication look upon this spoken interaction as their province for research and exploration.

How do we gain a sense of self; how do we acquire language and develop it; how do we learn meanings of words; how do we learn roles such as sex roles; how do we understand nonverbal cues? None of these matters is very well understood. So although it is possible to say that the study of speech goes back to classical times, it must also be said that the *science* of speech communication is a very young science with only partial answers to basic questions. As a science, it uses the same methods as the other social and behavioral sciences to focus on human interaction and has roughly the same rate of progress, but it has a long way to go toward being a "hard" science.

Another thing about speech communication, because speech is the most obvious and most frequent way we communicate with one another, is that it is germane to virtually all of the other disciplines in the arts and sciences which deal with the human condition. For example, what is education but communication about a specific subject matter between teachers and learners? What is therapy but communication of a facilitative nature between client and therapist? For the past four decades, experimental psychology seems to have concerned itself with learning, or the communication between psychologists and white Norway rats. The same thing might be said of some of the arts as well. A poem, a short story, or a novel is intended to communicate something in some way to someone. The fact that it is written down merely shows that we humans have developed a crude but clever way of reducing spoken sounds to marks on a page. The original poetry and literature was spoken. Some of it still is. If it is true that many of the behavioral and social sciences and many of the arts can be looked upon as being largely focused on communicative acts and that those acts are mostly spoken, then it is possible to go the other way as well.

Speech communication as a discipline has developed its own scholars and researchers, but it has not been shy in borrowing from the works of other disciplines. Numerous theories and countless investigations resulting from work in other fields contribute enormously to our understanding of the ways in which we interact with one another. For example, a formal area of study called symbolic interaction tells us of how we gain a sense of self through the messages we receive from others. Symbolic interaction results from the work of persons of various disciplines such as George Herbert Mead (Sociology), Charles Horton Cooley (Psychology), and Harry Stack Sullivan (Psychiatry), and is of interest to speech communication scientists.

Other examples are numerous, but perhaps a few should be cited here as examples of cross-disciplinary interest in spoken interaction. The work of Solomon Asch, Stanley Milgram, Irving Janis, Timothy Leary, Elliot Aronson, Leon Festinger, Jonathan Freedman, Ellen Berscheid, Elaine Walster, Muzafer Sherif, Karen Dion, Kurt Lewin, William Schutz, George Casper Homans, and numerous others have either had an essential interpersonal focus or looked at the effect of a particular message, usually spoken, upon the receiver of the message. Just as these first rate social and behavioral scientists have a legitimate interest in spoken interaction, it is only right that speech communication scholars should be interested in what the other disciplines have found out about a common interest.

Actually, persuasion studies overlap with attitude studies which have much to do with interpersonal influence studies; which overlap with motivation studies which are related to leadership studies; which overlap with source credibility studies which deal with the same concerns as ethos studies, etc. Oftentimes, scientists in several fields are working on the same project and merely calling it something different. None of this should be all that surprising.

The lines between the various disciplines are not "natural" but artificial and arbitrary, the result of a Cartesian world view which divided knowledge into little "bundles" which later evolved into university departments. A linguist, working with "systems of articulated sounds" (or in other words, speech), could work in a department of foreign languages, anthropology, English, psychology, sociology, or speech communication. It seems logical that someone else with the same concerns might borrow from work done in these various areas. As speech communication is germane to all those areas, all those areas are germane to speech communication.

Finally we come to the question of the relevance of speech communication to sociometry or their relevance to one another. I believe the relationships are integral, multiple, and manifest if we merely look for them. Moreno's sociometry dealt with the smallest social structures (social atoms), through organizations to larger communities. By definition, a social atom involves the "smallest number" required for relating to as an identifiable group. One part of the definition is about size (smallest number) but the other part is about "relating." Granted that much important relating is conducted non-verbally, the majority is conducted in the most natural way, by people talking with one another.

As for the larger units, the organizations and communities are often looked upon as buildings or geographical areas. But it is the people who are in those organizations or communities who know they exist as a unit regardless of buildings or geography. How do they know? What I would suggest is that group structure of sociometry doesn't just happen. The configurations of a large or a small group are not arrived at by chance. From the very formation of a group, through the establishment of its norms, to the establishment of its hierarchy, to its

capacity for concerted action, speech communication plays an essential role. So essential in fact, that it is doubtful any of those things would occur without it. Communication, some written, but most spoken, is what creates, defines, and maintains both organizations and communities. Group structure and composition are interdependent. There is no group structure without composition or composition without structure. The way the composition is defined and structure determined is through speech communication. The implicit sociometric ranking (a form of structure) which occurs in groups is arrived at that way. In fact, the way that a group knows it is a group and not an aggregate of individuals comes about through interaction.

Sociometry has also dealt with what have been called "social systems" with identifiable configurations and internal regulation. By definition, a social system has interacting and interrelating component parts comprising an identifiable whole. The most central part of the definition tells us that it is through "interacting and interrelating" that the component parts become an identifiable whole, or that the system is a system. Since people don't spend most of their time in social systems pushing notes at each other and since nonverbal is a very crowded and ambiguous channel for exchanging information, it is reasonable to conclude that the interacting and interrelating referred to is people talking with one another, or speech communication. It is speech communication generally and feedback in particular which regulates and maintains social systems.

Finally, Moreno's Sociometry makes much of the *tele* effect being lines of attraction and rejection between people and that these lines of attraction and rejection constitute the basic structure of the group. Unless these positive and negative lines are based on transference and are ungrounded in any current reality, it is likely that they resulted from interaction between people. It is possible to build a very strong case that virtually all interaction in groups is interpersonal or one-to-one. People don't usually speak to an entire group. Most messages are aimed at a particular other person, even if they are for the benefit of another particular other person. Kim Giffin and Bobby Patton of the University of Kansas tell us that with each of our utterances we are asking to be accepted by others. Speech communication scholars Carl Larson and Frank Dance tell us that virtually all of our spoken messages indicate either acceptance or rejection of the other person. If we are all asking to be accepted and most of the messages we get indicate either acceptance or rejection, it is not illogical that this should result in the *tele* effect or lines of attraction and rejection. Speech communication of a particular kind, basically confirming or disconfirming, could be said to evoke the *tele* effect. In other words, *tele* is an outcome of speech communication.

What this all would suggest is that spoken interaction is an essential variable in sociometric exploration. The social structure doesn't evolve without it and is not maintained or regulated without it. This interaction makes up important

portions of sociometric definitions and would seem to be what is referred to in all sociometry work involving relationships among people. To answer the original question, the two areas do appear to have significant relationship to one another. Each area might help us to understand the other one better and each can contribute to the advancement of a common interest, that of a more complete knowledge of the human animal in its social environment.

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Address: Alton Barbour
Department of Speech Communication
University of Denver
Denver, Colorado 80208

Intrafamilial Child Sexual Victimization: A Role Training Model

June Siegel

The American Humane Association and the National Center on Child Abuse estimate that approximately 120,000 cases of sexual abuse of children by relatives are reported annually. Though the exact incidence is unknown, experts feel this is a conservative estimate (Summit, 1978). "Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informal consent, or that violate the social taboos of family roles" (R. & H. Kempe, 1978, p. 43).

Statement of the Problem

Molestation of children by family members is a frightening subject that can be easily ignored and avoided (Butler, 1978). It is usually easier for the judiciary system to concentrate on prosecuting the offender and to ignore the child's family network. Among the conditions contributing to this dilemma is the long standing incest taboo that permeates this society. Another reason is the general lack of understanding of the psychosocial dynamics involved with these families.

Dr. R. Summit states that workers . . . "would like to believe that this unthinkable happening could not possibly occur: that if it occurs it can be resolved quickly and easily, and they will not become embroiled in the criminal justice system, investigation, and family disruption. Therapists would like to think that if people are really troubled, they will share willingly in the treatment process" (Summit, 1978). This is not the case. Mandatory treatment is needed for all family members.

Method

Role training is an action method whereby participants can practice alternative ways of resolving problem situations in a controlled, safe environment.

According to Alexander's research, "modeling and imitation have produced more change than improvisational methods . . . there is a value of structured specificity" (1974).

The use of role play to effect behavior change has been used by Mann and Janis in a 1968 experiment. Their findings conclude that "those who played the part of a cancer victim showed significant decrease in the number of cigarettes they smoked even after an eighteen-month period" (Middlebrook, 1974).

The use of videotape is also an effective training device. Dr. R. Metzer, a psychiatrist at the Brentwood Veterans Hospital in Los Angeles, believes "in video as an effective medium for the field." He states there is a "lack of good media materials for psychiatric treatment and teaching" (Whittaker, 1978). Video vignettes combined with action methods are considered effective teaching tools in crisis intervention with rape victims (Posner, 1977).

The Need for Training

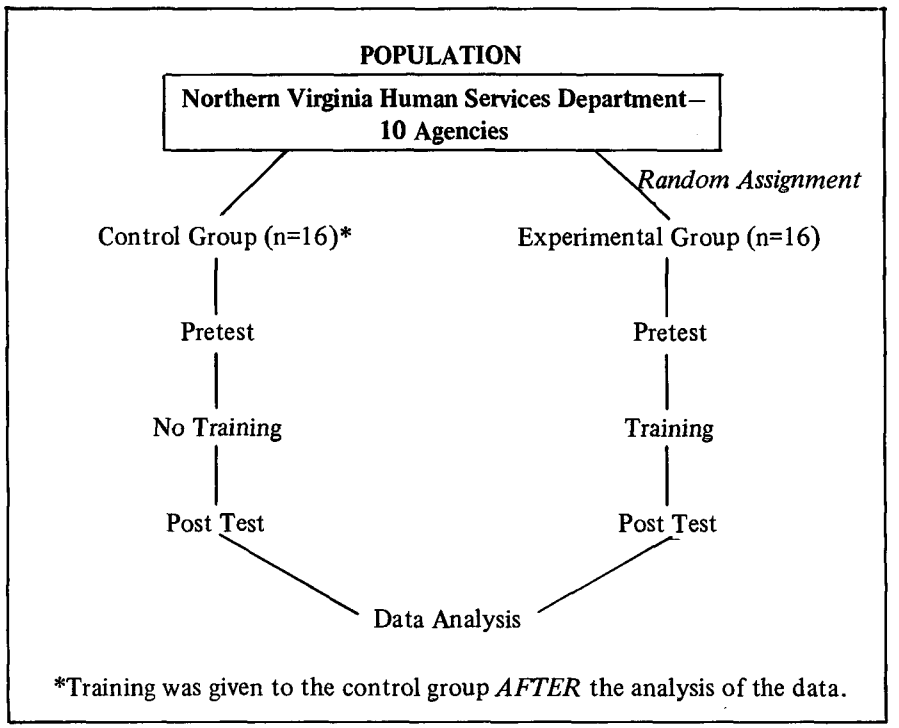
Experts in the field of child abuse are in agreement that there is a need to train human service workers involved with the abusing family system (R. & H. Kempe, 1978; Butler, 1978). Working with incestuous families is reported to be extremely stressful. The worker is compelled to be flexible, creative, and able to extend him/herself beyond usual limits (Summit, 1978). It is essential that the worker learn to view family members openly, without moralizing (Giaretto, 1976).

The concern of this study was the creation of a training model for human service workers involved with incestuous families. The goal was to determine whether action methods combined with visual aids are effective training tools. Specifically, factors analyzed were: (1) gain in new knowledge; (2) positive attitude change (i.e., increased empathy toward the needs of these abusing family systems).

Research Design

Accordingly, the following hypotheses were formulated:

(1) There will be a difference ($p < .05$) between the mean change from pretest to posttest in didactic knowledge (in regard to child sexual victimization) of the experimental group and the mean change in didactic knowledge of the control group.
(2) There will be a difference ($p < .05$) between the mean change from pretest to posttest (in regard to child sexual victimization) of the experimental group and the mean change in attitude of the control group (i.e., increased empathy toward the needs of these abusing family systems).



This field study model was a one-day workshop using role play in conjunction with participants viewing a video cassette.

A Likert-type questionnaire was constructed by the researcher to measure the variables to be addressed in the study. The variables in question were attitudes and didactic knowledge in regard to child sexual victimization. There was no test available that could adequately measure these variables.

The questionnaire was reviewed and critiqued by staff and trainees from the Psychodrama Section at Saint Elizabeths Hospital. Both verbal and written feedback were given. This was to provide a critical assessment of the questionnaire to ensure a concise and intelligible instrument. Pretest and posttest responses were analyzed by the use of t-tests comparing the two groups.

The Model

The goals of this model are to expand participants' understanding of the psycho-social dynamics involved in intrafamilial child sexual victimization; to increase the knowledge base in this area; to expand perceptions of participants' own roles; and to increase participants' ability to explore new, effective and appropriate responses to these family crisis situations.

After participating in the training, participants will be able to state at least one myth surrounding child sexual victimization; know at least two indicators of a sexually victimizing family system; be able to state at least one point to remember in the area of effective intervention; be able to reverse roles with members of a sexually victimizing family system; and be able to provide more effective service to the sexually victimizing family.

The training videotape is sixty minutes in length. The entire combined program takes from five to ten hours, depending on the size of the group and the intensity of the role play enactments and/or sharing. The tape consists of a didactic segment and three role play simulations.

The first ten minutes of the video are didactic in nature. Areas covered include: (a) a statement of the problem, (b) myths surrounding the topic, (c) indicators of a sexually victimizing family system, (d) indicators of a victimized child, and (e) facts to remember when intervening with family members. The next fifty minutes are composed of three different role play situations. The format is the same for each role play. Initially, a role play is enacted. Next, participants recreate the situation viewed, and then verbally share feelings from this action experience. The tape resumes and an alternative response to dealing with the situation is seen.

The leader of the session helps the training group adjust to the leader as well as the training topic by doing the following: ask participants what their expectations are for the training session; discuss goals, length of the training session, and the role play video method to be used. Also the leader will explain to the group that the goal of the role playing is to work out in action new, effective, and appropriate approaches to problem situations. It is important for the leader to clarify that this is not a test, but a chance to explore new and alternative ways to interact. This warm-up allows participants to develop a sense of safety and trust necessary for action work in this sensitive subject area.

After the warm-up, the group is subdivided into small groups of three to six members. Once the group is ready, the tape is turned on and viewers see a didactic section and the first role play. The tape is then stopped and participants are asked to take the roles of people viewed in the role play. Participants are asked to create the dynamics seen on the tape and to continue the action toward a positive solution/intervention. The leader or observer in the small group is available to help each person take the role assigned by asking questions such as the following:

> How do you stand/sit, Mrs. Smith? Please take that body position . . . What are you wearing today? . . . How old are you? . . . Do you have children? . . . What have you been doing today? . . . Who is at home with you now? . . . and so on. . .

Questions are modified to fit particular roles.

The purpose of the role play is to enact the essence of the interactions, as opposed to memorizing the exact words spoken. Participants are encouraged to be creative and to be conscious of the underlying feelings of the person in the role they are playing. Those in the role of the worker are asked to act as they would in the field and resolve the crisis situation. Participants not directly involved in the role play are encouraged to become aware of what they are feeling as they observe the various roles.

The roles are enacted simultaneously in small groups by all participants.

After participants experience one role, they change parts with each other, in order to enact all of the characters in the role play situation. The purpose of reversing roles is to increase the perceptions of the others' situations; to expand the supply of roles available to a person by experiencing numerous roles; and to increase awareness of personal interactions. It is advisable to break participants into two or three groups for collective sharing of the role play experience. Some recommended questions for discussion are: How did you feel in the various roles? What new information did you gain? Did any of your perceptions change from the experience? Which role was the easiest to take? Why? The most difficult? Why? The most helpful? Why? What responses by the worker (the role of) were the most effective? The least effective? Why?

After the group members share their feelings, the video cassette is turned on and participants view a simulation depicting one possible way to work with the crisis. Then, the alternative response is discussed by the entire training group. Participants then form small groups once again and the procedures are repeated until the three role plays are viewed.

When the video and role plays are completed, the entire group is gathered for final sharing with regard to the entire session. Discuss any unfinished issues or residual feelings. All participants become themselves again, as opposed to the parts they took in the role plays. Participants are asked if any of their expectations were unmet and why. Everyone who wants to speak is given the chance. A written evaluation is requested of all.

Results

The mean score for the level of knowledge of the experimental group prior to training was 4.56, whereas the mean score for the level of knowledge of the control group was 4.59. The t-test comparing the difference between these two means indicated nonsignificance ($t=.250$, $df=30$, NS). This finding indicates that the groups did not differ in their level of knowledge about intrafamilial child sexual victimization prior to any intervention.

In order to ascertain that the groups did not differ in their attitudes prior to training, a t-test was computed comparing the means of the two groups. The mean score for the attitudes of the experimental group prior to training was 4.43, whereas the mean score of the attitudes of the control group was 4.48.

The t-test comparing these two means indicated nonsignificance (t=.237, df=30, NS). This statistic ruled out the possibility that the two groups differed prior to intervention (training).

To determine the effectiveness of the training, t-tests were computed comparing the experimental subjects' knowledge and attitudes as indicated in the posttest questionnaire with those of the control subjects as indicated in the posttest questionnaire. The mean score for the level of knowledge of the experimental group following training was 4.91, whereas the mean score for the control group at the end of the day without training was 4.55. The t-test comparing the difference between these two means indicated significance (t=2.80, df=30, $p < .005$), demonstrating the effectiveness of the training upon subjects' level of knowledge.

The mean score for the attitudes of the experimental group following training was 4.75, whereas the mean score for the control group at the end of day without training was 4.57. The t-test comparing the difference between these two means approached significance (t=.980, df=30, $p < .10$), demonstrating that the training had some effects upon the subjects' attitudes.

An independent evaluation was conducted by the Virginia Department of Welfare. Participants in both the experimental and the control group found the training to be a positive experience. The scoring scale was 5 = excellent to 1 = poor. The experimental group rated the session overall to be 4.4, whereas the score of the control group for the overall session was 4.6.

Conclusions and Interpretation

The findings indicated that the proposed role training model was a practical and desirable teaching device. As seen in the results, there was a significant difference between the two means in didactic knowledge.

It was noted that the difference between the two means only approached significance in the attitude change. This may not be the training model's ineffectiveness. The failure to reach significance may have been a consequence of participants' resistance to attitude change, to the short length of the training session, or to the measuring instrument not being sensitive enough to ascertain the attitude changes. Previous research suggests that attitude change is difficult to measure without observing behavior change over time. However, attitude change can be inferred from questionnaires and perhaps a follow-up attitude survey twelve months later.

Comments on the pretests and posttests, as well as on the independent survey conducted by the Virginia Department of Welfare, reflected that active involvement of the trainees is essential for effective training.

The model proposed in this study is a practical training resource in that the video cassette including instructions can be borrowed free of charge from the

Psychodrama Section at Saint Elizabeths Hospital, Washington, D.C. 20032. The information in the training model reflects essential basic information needed by workers.

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Address: June Siegel ACSW
5128 N. 15th St. #2
Phoenix AZ 85014

Spontaneity, Sociometry and the Warming Up Process in Family Therapy

Sharon L. Hollander

The central task of the family therapist is to help the family generate spontaneous interaction with one another. Spontaneity is the catalyzer for emotions, thoughts and actions, and the fact remains that people need association with others to spark their spontaneity. Family members can do this for one another; however, families in need of help oftentimes have lost the ability to relate to one another at this level. Many families requesting therapy have a style of interacting which blocks spontaneity; rejection or isolation of members is the result.

When a family seeks help, the family therapist must ascertain if family members are experiencing difficulty because 1) the criteria for membership within the family are not conducive to spontaneous participation by each of its members and/or, 2) individual family members do not possess an adequate process of warming up to their thoughts, emotions and actions. Stated another way, the therapist needs to assess if the norms of the family disallow spontaneous interaction, or if the expression is no longer available because the individuals have long ago blocked its route within themselves. Often the therapist discovers that both of these conditions of difficulty are operating. Helping the family system and the individuals within it becomes the focus.

Theory

In 1933, J. L. Moreno, M.D., officially introduced Sociometry at a medical convention at the Waldorf Astoria Hotel in New York. Exhibiting his charts to those in attendance, Moreno displayed configurations of red, blue and black vectors and presented a visual illustration of social forces operating within a system (Moreno, 1953, p. xiii). Choosing to elucidate a complex thesis through concrete visual form, Moreno initiated an entirely novel process to explain individual dynamics and group behavior. This process was the culmination of years of sociometric research and theoretical development which laid the foun-

dation for his subsequent publication, *Who Shall Survive?* (Moreno, 1953). Over the years people have extracted and adopted parts of Moreno's concepts and techniques, e.g., the sociogram, psychodrama, sociodrama, role playing, group dynamics and group psychotherapy, and struggled to understand the relationship of the warming up process to spontaneity and sociometry.

Spontaneity is energy with specific characteristics which differentiate it from boredom, fear, depression, anxiety and rage (Hollander, 1979). Spontaneous energy has parameters, a here and now focus, a goal of creativity, is adequate to the context and is novel. "Spontaneity operates in the present, now and here; it propels an individual towards an adequate response to a new situation or a new response to an old situation (Moreno, 1953, p. 42). It is, therefore, the catalyzing agent for our emotions, thoughts and acts.

The process which activates spontaneity is called the warming up process (Moreno, 1953, p. 42). Each human being has an individualized manner of preparing to respond either emotionally, intellectually, physically or spiritually. The process occurs swiftly and often unknowingly. Frequently attention is paid to the end product of the process, i.e., the thought, the act, the emotion and not to how it developed. (How it developed is much more difficult to ascertain.)

The warming up process is circular. The nature of the warm up determines the completeness of any act, thought or emotion. Likewise, the completeness of the expression of the act, thought or emotion dictates the fullness of the integration-termination; and incomplete terminations interfere with the ensuing warming up process. People encounter difficulties in their communications when their warm ups are incomplete (Moreno, 1953, pp. 39-42).

What causes an incomplete warm up? Consider for a moment that each expression has its own pathway. Each act, emotion or thought requires a unique preparatory period for complete involvement in the expression of the experience. Through the basic socialization process, some of the paths for expression may become blocked, and the warm ups cut off, leaving an unspontaneous state and an inability to respond adequately. An individual may live for years not knowing how to cry, to be angry or to think in a certain way, because the warm up has long ago been blocked or undeveloped.

For others, the process of warming up is well known; however, they fear the consequences if they allow themselves to flow naturally. They inhibit expressing themselves to avoid rejection and/or isolation with the group of people with whom they are associating. The end result is an unspontaneous state.

Individuals require access to their warming up processes; they need a range of expressions available to them, i.e., spiritually, physically, emotionally and intellectually. The more channels they have open the more spontaneous and creative their lives. When spontaneity is low, people experience varying degrees of impulsivity, boredom, anxiety, fear, depression or rage (Hollander, 1979).

Sociometry

People do need people. Many fight this concept because they confuse needing people with being defined by others and/or with others assuming responsibility for them. The truth of the matter is that associating with other people activates many warming up processes. To experience social isolation and/or rejection in all spheres of life is tantamount to a living death. Nearly everyone knows this intuitively. Individuals will sacrifice their integrity to maintain relationships and consequently blame and condemn their need for others.

Spontaneity is required to attract others for association, and association is needed to experience spontaneity. Spontaneity begets spontaneity (Moreno, 1970, p. 9).

Moreno describes the process of social gravitation as one where individuals systematically make selections and gravitate to one another (Moreno, 1953, p. 3). Consider, for example, the development of the new group. As strangers meet, they move toward some people, away from others and ignore still others. What evolves is a rather simple organizational structure with dyads and triads interacting with or standing in close proximity to one another, and individuals standing alone on the periphery. Most people gravitate to individuals who they believe will help them activate their warming up processes. If, for example, a woman is well aware of her fear of new groups, she may look for a kind, gentle face and stand next to that person to help her feel calm and clear-headed. Another person knows that if he can discover the starting time, the leaders, and the goals of the group, he will be able to generate his warm up to its optimal level. Each person uses unique criteria when choosing associations.

The organization changes as the spontaneity of the members rises. Choices are constantly being made and the criteria continue to develop. The woman who needed a kind face suddenly decides she would like to know what time the meeting begins and chooses someone who might have that information, and once that need is satisfied she realizes that the man she chose is from her neighborhood and they begin chatting; a new warm up has begun. They look animated; another woman is attracted to the energy and joins them. A short time later a friend of the second woman joins the triad, the conversation changes, spontaneity lowers, anxiety rises. They do not know how to find a criterion which can include all four members. They form their natural dyads and continue talking. Later, the first woman talks enthusiastically to her partner and then to the other dyad about the upcoming meeting, and the foursome finds a route through which to interact. A man who has been on the fringe joins the group.

A woman stands on the periphery impatiently waiting for the meeting to begin. She is consumed by her concern that she will not have time to complete her grocery shopping before supper. She peruses the group and can see no one interesting. She notices that no one approaches her, and it reinforces her belief

that people rarely reach out and that her concerns about grocery shopping merit more consideration.

Norms, the prescriptions and proscriptions which govern member behavior, are evolving. The people, through their verbal and nonverbal interaction, determine what behaviors, feelings and thoughts are valued. Some people are highly chosen, they seem to embody what is valued at that point in time; others are actively rejected, they seem to be the antithesis of what is valued; and some people are not noticed.

When criteria for membership are narrowly defined, the likelihood of people being isolated and rejected is higher. When someone is in an isolated or rejected position in a group, that one has difficulty activating the warming up process and will instead be bored, afraid, depressed, anxious or enraged. When people are unspontaneous they disrupt, interrupt and/or want to destroy. They have no spontaneity operating for them which would help them create and experience others; on the contrary, they only want to reduce their own discomfort. They cannot catalyze others' warming up processes; others sense this and interactions are avoided.

Focus: The Family

There is a natural selection process for interaction in all families. The process results in an informal social structure which slowly evolves between and among members of a family; it is profoundly powerful. It influences family members' self esteem, and their ability to share, trust and take risks. Members spontaneously are influenced to choose each other for association by their natural selection process. The interaction creates and acts within the context of the family norms. Individual members vary in their ability to meet the norms (criteria) established by the composite of members (family). Families which have narrowly defined the membership criteria will have more isolated and rejected members in their ranks than those which can incorporate a wide repertoire of feelings and behaviors. One major task of all families is to develop a variety of criteria which allows each member to be a part, i.e., actively integrated, for in the absence of this developmental process isolated or actively rejected individuals will disrupt the family.

Fortunately, the majority of people have a small number of collectives of people to which they feel they belong, e.g., work, educational, religious, and/or social. However, many of the people who present themselves for therapy have for a variety of reasons closed themselves off and no longer spontaneously express themselves in their primary relationships. The central tasks of the family therapist are: 1) to help family members discover their individual warm up processes and, 2) to examine the criteria for membership, i.e., those norms which are disallowing or allowing spontaneous participation by each of its members.

Case Example

A family reached out for help when fourteen-year-old Linda began skipping school, had been discovered smoking "pot," and would not verbally communicate to her sixteen-year-old brother, David, or forty-two-year-old mother, Joan. When the three came for counseling the problem was defined (by mother) as Linda's inability to communicate.

The mother and son had a warm, spontaneous relationship. They valued one another's brightness, ability to articulate their beliefs, and physical attractiveness. They could communicate intellectually, emotionally, spiritually and physically with each other at levels of intimacy in which each could express herself or himself spontaneously and creatively. They could naturally and freely disclose themselves. Mother and son "clicked" with each other and spontaneously facilitated the growth of the other and expressed positive feelings about each other and themselves.

Fourteen-year-old Linda was painfully shy, perceived herself to be an inept, fat, plain girl with "dishwater-blond" hair. She focused her gaze upon the floor while speaking, and her blank expression would only be altered by an occasional tear which would trickle down her face. When Linda entered the conversation, spontaneity was reduced to a minimum. She was sociometrically isolated and rejected in the family; and no amount of interaction, given the status quo, would integrate her.

Linda had no close friends and accused the kids at school of calling her names, e.g., "Fatty." Her "first love" had recently found someone else. She felt as isolated at school as she did at home. She came into counseling welcoming the opportunity for someone to listen to her pain.

David, on the other hand, excelled academically, was excellent in sports, and was one of the most popular boys in his class. He had learned how to influence his environment. He appeared satisfied with his active life.

Mother, Joan, was a successful lawyer and single parent, a warm, sensitive woman who was quite pleased with the management of her life. She once had viewed herself as an "ugly duckling" and had recently experimented with her sexuality and found herself to be vital in relationships with men and women. To be intimately involved with her daughter meant an acknowledgement of her own deeply buried feelings of ineptitude and inadequacy. While in the process of developing more positive feelings towards herself, she avoided communicating with her daughter and avoided feeling the depth of her low self-esteem. She felt intrepid about her growth and could not allow herself to slow down to face herself inwardly or her daughter.

Interventions of the Marriage and Family Therapist

The family therapist can be useful as a change agent in the family system by influencing the norms and helping individuals find new pathways for expressing

themselves. The emotions, thoughts, and the behaviors of the therapist when in the presence of the family act to:

1) Help generate spontaneity among family members.
2) Develop sources of information for what are acceptable and unacceptable thoughts, emotions and behaviors within the family system.
3) Provide indicators for locating the power and determining who feels isolated and/or rejected within the system.
4) Help change the norms of the system.

The therapist can help generate spontaneity among family members. Given that the central task of the family therapist is to generate spontaneous interaction among family members and given that spontaneity begets spontaneity, the spontaneity of the therapist is a vital ingredient in the therapeutic process. It is encumbent upon the therapist to know his or her particular process for warming up. Once spontaneity is high, the existential relationship between therapist and client(s) can fructify and learning can occur such that the nature of the interactions can be changed.

The therapist's experiences are sources of information for what is acceptable and unacceptable within the family system. The therapist is in a precarious position because he or she is as susceptible to being isolated or rejected for "breaking the rules" as is any one of the family members. The therapist can also be socialized to suppress specific emotions or to behave in a particular way while in the company of the family. The therapist's internal responses to the family are an excellent indicator of the nature of the forces at work within the system. The static nature of language is often inadequate to describe the dynamic processes of a family. When a family describes its difficulties, the messages must be heard in the context of the existential reality experienced by the therapist. If the therapist finds himself or herself being talked out of his or her reality, then that therapist may be experiencing isolation or rejection in that system. This process needs to be confronted, for other family members will in all likelihood share these experiences and feel both confused and unable to trust their perceptions.

The experiences of the therapist are indicators for locating the power and determining who feels isolated and/or rejected within the system. If the family therapist: a) feels rejecting of a family member; b) cannot experience emotion when in the presence of a family member; c) feels spontaneously drawn to a family member, he or she can hypothesize that other members are feeling likewise. Family members have different degrees and kinds of influence on the total collective. The influence depends upon how well they actively integrate within the family. For example, a member who can spontaneously embody the norms will be respectfully responded to, while another who is an anathema to the system, is scorned or ignored. The therapist needs to identify the influential mem-

bers of the family, for they have the most power to influence systematic changes toward a more tolerant and accepting atmosphere. However, since the influential members are interdependent with others to maintain their positions, the entire system needs to be engaged.

The following is an important consideration when interpreting a family in the manner previously described:

The family therapist may experience his or her isolation and/or rejection within the family system. The therapist will have low spontaneity and may feel closely identified with the isolates and rejectees of the family. If the therapist forms a dyadic relationship, the two then become an isolated or rejected dyad in the system. They will disrupt and interrupt the system in much the same manner as an individual. It is important for the therapist to engage the entire system if creative change is to occur.

The therapist can help change the norms of the system. Frequently, a particular emotion is not allowed expression in the family. When the therapist detects this norm, he or she can express the emotion when appropriate to the context and support other members to do likewise. The therapist can explore with the members their individual styles for expressing the emotions and in the process alert others to what is being communicated.

Case Example

In the single parent family described earlier, the following interventions were made in efforts to re-negotiate the criteria for membership within that system. In the presence of son, David, and mother, Joan, the therapist began to establish a relationship with daughter, Linda. Emotional support was offered to Linda who was encouraged to entrust the therapist with her secret feelings. In the process she existentially disclosed herself to her mother and brother. The therapist, in fact, established a new criterion for membership for that moment. The sociometric criterion might be expressed this way, "With whom would you most like to spontaneously share your pain at an intimate level?" Linda and Joan chose the therapist, while David refused to make a choice and became an isolate at that moment. He could not spontaneously meet the criterion. Linda shared her feelings as did Joan. In the process, the two began to develop a genuine intimacy. The therapist turned the interaction away from herself to the two of them. David repeatedly interrupted the process by expressing his discomfort, telling jokes and teasing Linda. He was experiencing his isolation and the concomitant loss of his power. The closer mother and daughter became, the more uncomfortable David became. The therapist encouraged David to talk about his discomfort. With a display of emotion, he revealed his pain related to the loss of his father. The entire family had for the first time, simultaneously, begun to accept their tears and anger. The therapist explained that anyone of the three of them might periodically be isolated depending upon the nature of the interac-

tion, but that it was detrimental to all concerned to have one member consistently isolated. The therapist supported the expression of the total spectrum of feelings and acknowledged that the manner in which a feeling was expressed could be challenged but not the right of the feeling to exist.

Focus: The Individual

Frequently the task of the therapist is to ascertain if family members have "turned off" an expression because they either fear the consequences or the expression is no longer available to an individual because of early painful experiences. If the former is true, working with the entire system will be beneficial. If the latter is true, the therapist will also need to work directly with an individual.

First a word needs to be said about how the therapist makes the determination. There are basically three areas to investigate: the family, the dyad, and other contexts. The therapist should consider an individual focus: 1) if the majority of family members are allowed free expression of a feeling and one person is unable to do so,[1] 2) if the individual cannot express a particular feeling in the therapist's presence and the therapist feels confident that he or she (the therapist) is comfortable with that feeling, and 3) if the individual reports or the therapist experiences him or her having difficulty with the feeling in other contexts, e.g., with friends, at school, at work.

Case Example

The therapist can help the family member understand his or her process of warming up to particular feeling states by exploring it historically and/or existentially.

In the historical approach the client is guided to the period in his or her life when the awareness of the feeling ceased. The time, circumstances, place and people involved in a specific representative event are established and "relived," i.e., abreacted. The following is an example of how this was accomplished with the mother, Joan, regarding her inability to cry or to be in the presence of someone else's tears. She was asked to remember the last time she had cried.

The critical event for Joan occurred at age sixteen, when she tearfully helped her older sister dress for a prom to which she (Joan) was not invited. Joan's boyfriend, for extenuating circumstances, was unable to go. Her mother angrily confronted Joan saying, "You are so selfish! It's no wonder boys don't want

1. The exception occurs when one person has been systematically isolated and/or rejected from the family. In this case his or her inability to express the feeling may be an inference of sociometric position rather than his or her ignorance regarding the skills with which to express the feeling.

to go out with you. Now, dry your eyes and help your sister!" As Joan reviewed the incident she cried profusely and expressed her anger towards her mother, sister, and ex-boyfriend. After her catharsis, Joan could understand the processes by which she had incorporated many of her mother's values regarding specific feelings. She exclaimed at one point, "Because my mother couldn't handle my feelings does not mean she didn't love me, or that others aren't quite capable of being with me when I'm sad, angry, happy, or sexual!" Joan could see her process unfolding and realized that previously when she could sense herself beginning to feel sad or angry, she would become very "productive," i.e., write a paper, read a book, clean the house, and thus avoid actually feeling herself. She recognized the necessity of taking time to feel.

She began to understand that she had been unable to complete her grieving and thus terminate from her adolescent years because she had blocked the pathway to her tears and anger. She also began to realize why she had not encouraged her daughter to cry.

The existential approach focuses on the reality of the moment, i.e., it traces how a feeling is cut off during a counseling session. For instance, as Linda started to cry, Joan busied herself by explaining why Linda was sad. This was in stark contrast to the overwhelming existential sadness felt by the therapist. The therapist shared the difference in the two experiences and asked Joan how she had chosen to "explain" Linda rather than feel the sadness that Linda seemed to be emanating. As Joan was gradually able to disclose her process, she shared how her tears embarrassed her, how she disliked feeling awkward, and therefore, how she felt safer thinking about her feelings rather than feeling them. With support she learned to become aware of the instant she chose to redirect a feeling into a thought. Over several months' time, Joan began to value her expression of sadness and anger as integral parts of her life and progressively felt freer to allow her joy, love and tenderness to become disclosed as well.

Summary

The inability to spontaneously express oneself in a particular situation leads to an incomplete termination of the experience; and clients struggle with incomplete terminations of significant people, events, places, times, and things. "Incomplete terminations interfere with new beginnings" (Hollander, lecture, 1967). People cannot move on until they have completed a warm up, spontaneously expressed their feelings, creatively integrated an experience and acted upon it. The process provides learnings and energy which can be used as a stimulus for yet another warm up. People need others to activate this process because spontaneity in one person begets spontaneity in another.

In family therapy, the spontaneity of the therapist is a vital ingredient in generating spontaneous interactions among family members. When each mem-

ber in a family can contribute truths, all members benefit, grow, and feel powerful both individually and collectively.

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Address: Sharon L. Hollander
Colorado Psychodrama Center
180 E. Hampden
Englewood, Colorado 80110

INDSCAL Multidimensional Scaling

George M. Gazda and Jerry A. Mobley

Multidimensional Scaling via the Individual Differences Scaling (INDSCAL) computer program is applied to three basic *small groups; consulting, family counseling, and interview group counseling. This article provides an introduction to this exciting advancement in group process and outcome assessments made possible through advances in psychophysics and computer technology. The uniqueness of this process lies in its method for gathering data from group members insofar as it utilizes the unique perceptions of all group members and therefore it is not limited by the predetermined criteria of the clinician or researcher.*

The INDSCAL program literally provides a picture, a map if you will, of each person rated by the group in relation to every other person. Both interpersonal *and* intrapersonal *perceptions are quantified and provide data for provocative hypotheses, intervention strategies and clinical interpretations.*

Multidimensional Scaling represents a statistical process, via computer programming, of quantifying minute discriminations of similarities and differences of perceptual stimuli. The particular program that is applicable to small groups is the Individual Differences Scaling (INDSCAL) program of Carroll and Chang (1970). Individuals rate each other from one (very similar) to nine (very dissimilar) on every dyadic combination of comparison (see Figure 1). The ratings are processed through the computer algorithm and are printed in the form of two dimensional maps. These maps then provide the data for interpretation by group leader(s) and/or the group members.

In this article we shall place INDSCAL in perspective, and take the reader through the mechanics of gathering the necessary information in preparation for analysis as well as summarizing the actual printout. To concretize this process illustrative cases will be presented. In addition we shall relate Multidimensional Scaling procedures to a variety of group research and compare it with other research instruments.

The following exercise is designed to measure your perception, how *you see people* in the group. Your individual answers will be kept completely confidential.

Using the scale below, please rate each pair of group members on their degree of similarity, *as you see it.*

Also, please indicate the following:

NAME: _____ RACE: _____ AGE: _____ SEX: _____

1 Persons very similar — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 Persons very dissimilar

1, 2, 3, 4 mean you see the pair as more alike than different.

6, 7, 8, 9 mean you see the pair as more different than alike.

Fran ___ George
Pat ___ Ann

Sue ___ Fred
Nancy ___ Joe
Fred ___ Fran
Ann ___ George
Lee ___ Joe
Fran ___ Ann
Fred ___ Joe
Lee ___ Fred
Joe ___ Fran
Fred ___ Nancy
Lee ___ Fran
Fred ___ Pat
Joe ___ Sue
Lee ___ Nancy
George ___ Fred
Pat ___ Joe
Sue ___ Lee
Nancy ___ Fran
Fred ___ Ann
Joe ___ George
Lee ___ Pat
Nancy ___ Sue
Ann ___ Joe
George ___ Lee
Pat ___ Nancy
Sue ___ Fran
Lee ___ Ann
Nancy ___ George
Sue ___ Pat
Ann ___ Nancy
George ___ Sue
Pat ___ Fran
Ann ___ Sue
George ___ Pat

Figure 1. Sample form for a small group of nine. Each member will fill out one of these sheets.

Background

Until the advent of Multidimensional Scaling, Bales' (1980) Systematic Multiple Level Observation of Groups (SYMLOG), and Hill's (1965) Hill Interaction Matrix (HIM), little progress had been made since the early 1950s when Moreno (1951) first conceptualized the sociogram as an instrument for assessing small groups. Bales (1970) and Hill (1965) have addressed this need for an instrument to provide objective evidence of interpersonal relationship and change in small groups. Heretofore the evaluation of the group has been limited by the leaders'/experimenters' pre-determined criteria. Multidimensional scaling avoids this limitation because the raters use their own unique perceptions to rate each other. Sprouse and Brush (1980) describe limitations of current instruments that depend upon the instrument developer's pre-determined criteria.

> Sociometric techniques involve asking a person in a group to choose one or more members of that group according to some sort of effective criteria. The resulting data are then used to represent group structure and interpersonal relationships. The major shortcoming of such techniques is that they do not permit the investigator actually to discover *on what basis* the choices were made. . . . Clearly, the range of reasons underlying judgments are restricted by defining the criteria along which such judgments are to be made. In addition, the potential exists for forcing subjects to make judgments along dimensions that they are not capable of or, on the other hand, failing to define dimensions that were salient for the group. (Sprouse & Brush, 1980, p. 36)

A combination of perceptual psychological techniques (Coombs, 1964) with discriminate dispersion (Thurston, 1927) led to the development of Multidimensional Scaling (MDS). Bell Laboratories now has more than a dozen programs for MDS. Perhaps the most promising MDS program for small groups is the INDSCAL program developed by Carroll and Chang (1970). It captures the idiosyncratic elements of the group's structure.

According to Subkoviak (1975), INDSCAL has been recommended as one of the most useful MDS programs for educational applications. Its usefulness is credited to the interpretability of MDS's axes. (See Figure 2.)

Jones and Young (1972) summarized the strength of this approach in application to small groups in general:

> . . . the INDSCAL model provides a wealth of information about the group members and their structure, including (a) estimates of the relative saliences of the dimensions of interpersonal perception; (b) measures of the similarity of each individual's "private" stimulus space with that of the group; and (c) estimates of the directions of magnitude of changes in the group over time. In short, the INDSCAL model conveniently operationalizes

several variables of central concern in the study of interpersonal perception and group structure. (p. 120)

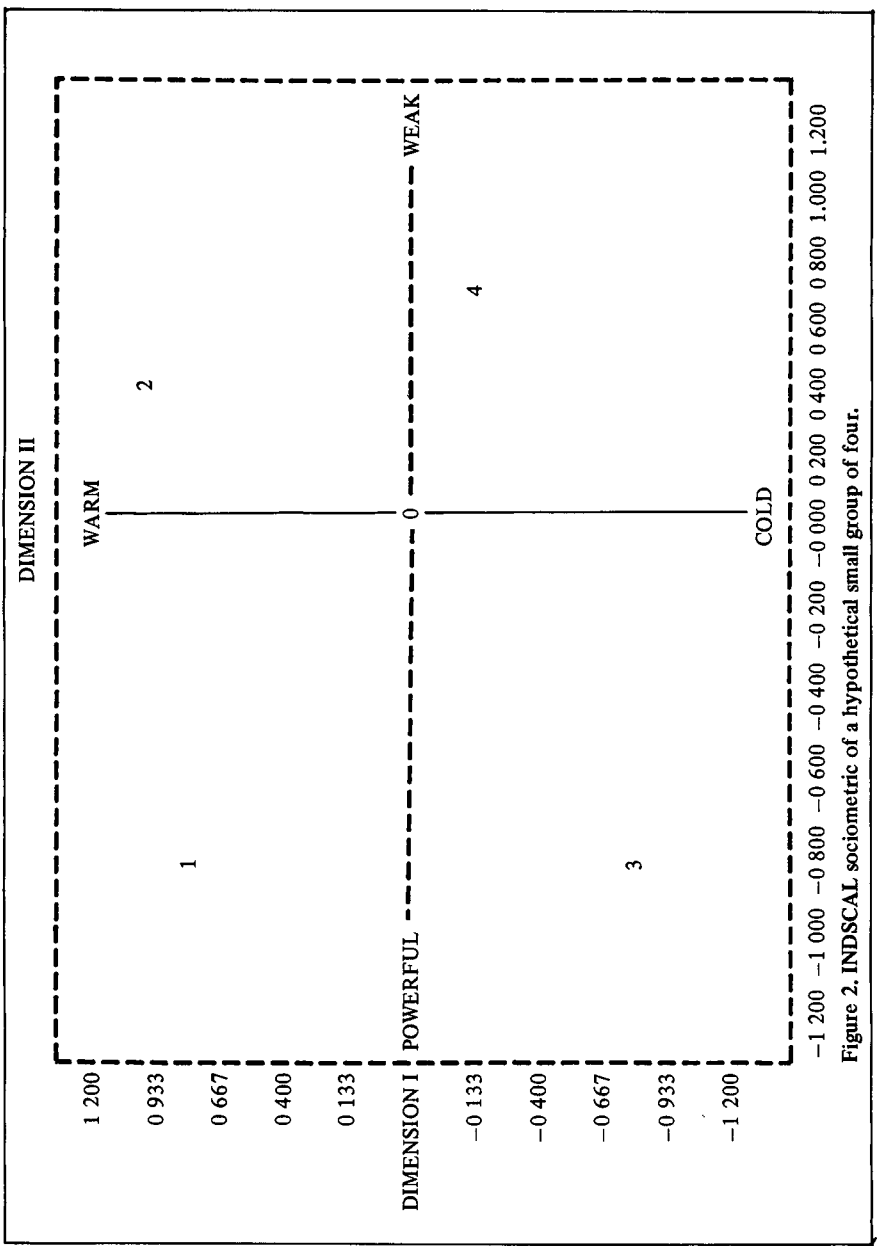

Figure 2. INDSCAL sociometric of a hypothetical small group of four.

Methodology

The following is an optimal sequence for gathering group INDSCAL data and can, of course, be modified according to individual needs and situational demands:

1. The names of *all* the group members are recorded including the facilitator(s) of the group.
2. A random pairing (Ross, 1934) of all possible members ($\frac{N.N-1}{2}$) with directions is made and duplicated for each group member (see Figure 1).
3. At the end of the first, second, or third group session all group members are asked to complete the comparisons of each other as shown in Figure 1.
4. The ratings are transferred into a group matrix with the leader first and the other group members are introduced in the same order that they appear on the sides of the ratings matrix (Figure 3).
5. Problem card and data are punched and submitted to the computer following the Bell Laboratories documentation.

GEORGE'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	3	4	4	7	4	ϕ	4	4
Joe	3	1	2	2	3	3	ϕ	2	5
Sue	4	2	1	7	6	5	ϕ	4	6
Nancy	4	2	7	1	5	5	ϕ	6	4
Pat	7	3	6	5	1	7	ϕ	7	5
Ann	4	3	5	5	7	1	ϕ	6	4
Lee	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	1	ϕ	ϕ
Fran	4	2	4	6	7	6	ϕ	1	5
Fred	4	5	6	4	5	4	ϕ	5	1

JOE'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	5	5	5	5	5	5	8	5
Joe	5	1	4	4	8	6	7	8	8
Sue	5	4	1	6	2	6	9	3	7
Nancy	5	4	6	1	7	3	6	7	6
Pat	5	8	2	7	1	6	8	7	7
Ann	5	6	6	3	6	1	4	4	8
Lee	5	7	9	6	8	4	1	3	6
Fran	8	8	3	7	7	4	3	1	3
Fred	5	8	7	6	7	8	6	3	1

Figure 3. The matrix of interpersonal ratings in preparation for keypunching. Note that the sequencing down the side, across the top, and of the matrices themselves is constant.

6. INDSCAL printouts are analyzed in the following manner:
   a. A review is made of the printout to proof for mistakes. Zeros appearing in the initial computer generated matrices indicate that the problem card has not been set up correctly. Another frequent problem concerns the number of lines necessary to print the program. Up to 20,000 lines may be necessary for groups with more than eight members.
   b. The amount of variance explained by each of the solutions, provides the clinician with an understanding of the degree of importance of each dimension for the particular group as a whole.
   c. The two-dimensional solution maps should be analyzed and, depending upon the number of rated group members, three or more dimensions (factors) are potentially useful. Fewer, however, may be interpretable if the amount of variance explained by them is small (Figure 2).

SUE'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	9	4	4	6	8	7	6	4
Joe	9	1	8	8	8	4	8	8	6
Sue	4	8	1	2	3	7	6	3	3
Nancy	4	8	2	1	4	7	6	6	4
Pat	6	8	3	4	1	6	7	7	4
Ann	8	4	7	7	6	1	3	6	7
Lee	7	8	6	6	7	3	1	6	7
Fran	6	8	3	6	7	6	6	1	6
Fred	4	6	3	4	4	7	7	6	1

NANCY'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	5	5	5	5	5	5	5	5
Joe	5	1	9	9	9	3	9	6	2
Sue	5	9	1	1	1	6	2	2	7
Nancy	5	9	1	1	1	3	2	3	9
Pat	5	9	1	1	1	4	1	2	8
Ann	5	3	6	3	4	1	5	4	9
Lee	5	9	2	2	1	5	1	4	8
Fran	5	6	2	3	2	4	4	1	3
Fred	5	2	7	9	8	9	8	3	1

Figure 3. *(Continued)*

d. Occasional weights provide a percentage of importance ("weight") of each dimension for a particular group member. This information is provided for each person performing the ratings, but not for each stimulus person (one being rated). The use and value of occasional weights will be discussed more fully later in this paper under the topic Multidimensional Scaling Applied to a Consultation Group.

PAT'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	5	4	4	4	5	5	3	5
Joe	5	1	8	7	8	5	8	7	7
Sue	4	8	1	2	2	6	3	3	9
Nancy	4	7	2	1	2	3	2	3	1
Pat	4	8	2	2	1	4	3	2	4
Ann	5	5	6	3	4	1	5	4	5
Lee	5	8	3	2	3	5	1	3	5
Fran	3	7	3	3	2	5	3	1	2
Fred	5	7	5	4	4	5	5	2	1

ANN'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	8	8	8	8	9	8	9	8
Joe	8	1	6	7	6	8	8	7	7
Sue	8	6	1	6	5	7	6	5	6
Nancy	8	7	6	1	6	7	6	6	7
Pat	8	6	5	6	1	6	6	5	7
Ann	9	8	7	7	6	1	7	6	8
Lee	8	8	6	6	6	7	1	6	7
Fran	9	6	5	6	5	6	6	1	4
Fred	8	7	6	7	7	8	7	4	1

FRAN'S RATINGS

	George	Joe	Sue	Nancy	Pat	Ann	Lee	Fran	Fred
George	1	5	5	5	5	5	5	5	5
Joe	5	1	9	9	9	7	9	9	6
Sue	5	9	1	2	6	7	2	7	7
Nancy	5	9	2	1	6	7	2	7	5
Pat	5	9	6	6	1	7	6	6	4
Ann	5	7	7	7	7	1	5	4	8
Lee	5	9	2	2	6	5	1	7	4
Fran	5	9	7	7	6	4	7	1	6
Fred	5	6	7	5	4	8	4	6	1

Figure 3. *(Continued)*

7. The INDSCAL solution provides hypotheses of the group's strengths and difficulties. These hypotheses serve as a basis for planning therapeutic interventions and alternatives for working with the group and will be illustrated from the hypothetical group of four (Figure 2).
   a. Locate the group members in relation to the four quadrants. Typical of a group of four, each person has a quadrant, their own identity. Some members are more centered than others in their quadrant, possibly denoting the clarity of their identity to the group.
   b. The distance of members from the axis or the origin is important to the interpretation. The importance of a given dimension to a specific person is another useful consideration. His or her distance from the origin on that dimension provides the answer to this issue. On Dimension II, person four is almost at the middle. She either has a balanced life of being both warm and cold, or neither fit her very well.
   c. Members who are in diagonal (upper left to lower right and lower left to upper right) relationships are most likely to be in opposition to each other because of their differences. In Figure 2 the potential conflict lines are between persons one and four but more pronounced between persons two and three. The distances of members from each other should be analyzed.
   d. Isolates should be located. Person four is farther away from the other members than anyone else but could hardly be called an isolate (More members make this question more interesting.) Were several members close together, the hypotheses could be made to suggest that they were allying under duress from the rest of the system or that they felt inadequate on their own and were seeking mutual support in an otherwise viable group.
   e. The similarities and differences of group members' occasional weights provide valuable information. Someone who uses a dimension for his or her ratings that is not significant to the system (one of the first two dimensions) should be noted.

8. Within a session or two following the completion of the ratings, the printout is discussed with the group members and the dimensions are named according to the procedure suggested by Stone and Kristjanson (Note 1). Briefly stated, this process involves having the membership sit in approximately the position designated by the INDSCAL solution. Being able to feel the group structure, they can work together to name the dimensions. Since the dimensions are a continuum, the names will be in terms of two poles. If the dimen-

sion seems to be an affection dimension, a warm-cold dichotomy might emerge. In more verbal groups, this could become an emotional-cognitive pole.

9. At intervals of about three weeks, the rating forms can be completed again and the results discussed the following week.

Applications

Jones and Young (1972) used INDSCAL to study a faculty group. Lewis, Lizzitz, and Jones (1975) applied INDSCAL to the study of a T-group. In his doctoral dissertation, O'Connell (Note 2) evaluated Human Relations Training groups with INDSCAL. Likewise, Sprouse and Brush (1980) have reported the results of Sprouse's doctoral dissertation in which he assessed an alcoholic treatment group with INDSCAL.

The studies cited above represent a sample of small groups to which Multidimensional Scaling, especially INDSCAL has been applied. They also represent the flexibility and utility of INDSCAL. The authors shall describe their applications of INDSCAL to a consultation group, a family group, and a counseling/therapy group.

Multidimensional Scaling Applied to a Consultation Group

An INDSCAL analysis was performed on a working group of eight people with the senior author as a consultant. The head of a service organization asked for help with the interpersonal relationships of that particular part of the staff. Seven of the nine members filled out the rating sheet producing Figure 4.

From the composite picture of all seven of these group members' perceptions, several structural aspects of this evaluation can be noted:

1. The right-hand quadrants have more members in them than do the left-hand.
2. Person 2 is farthest from the origin in any direction and persons 1 and 6 are close to the x-axis.
3. Persons 7, 8, and 9 have diagonal relationship with person 3 and to a lesser degree person 1, the consultant. Also, persons 4, 5, and 6 have something of a diagonal relationship with person 2.
4. The right-side people, unlike the left side, have several potential sub-groups: 4 and 5 are clearly allied with the possible inclusion of person 6 or person 6 might be a part of the 7-8-9 consortium.

Numerous issues could be expressing themselves through this picture of small group structure. Quite clearly persons 2 and 3 have been perceived by this group, including themselves and the consultant, as different from the rest of the group. The consultant has initially been identified with these dissonant elements of this work group.

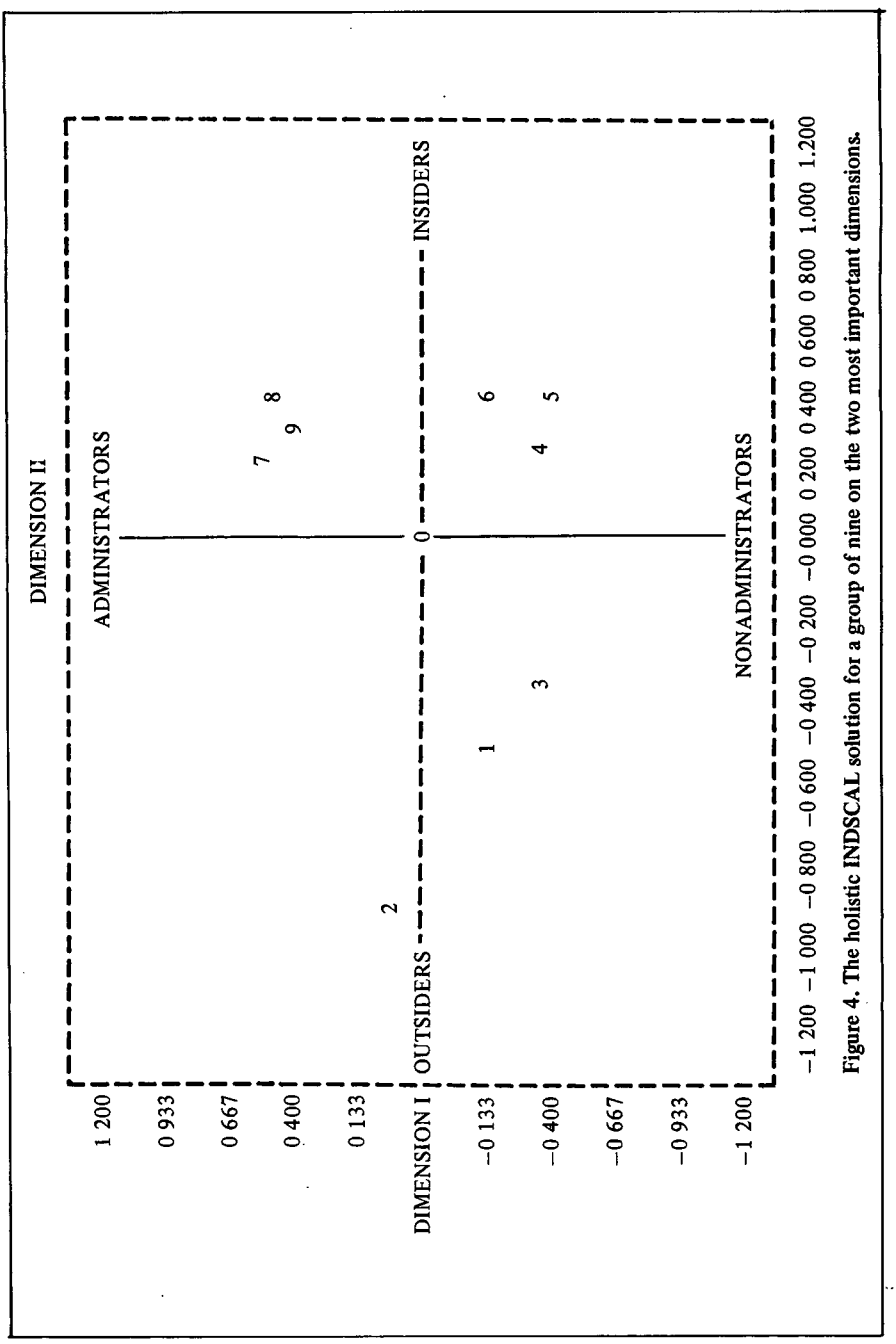

Figure 4. The holistic INDSCAL solution for a group of nine on the two most important dimensions.

The consultant might do well to broach several issues based upon this sociometric configuration:

1. Has person 2 been ejected from the others or has he chosen to be aloof from the group (or some combination of these two)?
2. Frequently the person in the middle of two subgroups of people is functioning as a moderating person holding the extremes together. Was person 3 serving that purpose? Is the consultant now perceived as linking the rest of the group to the distant person 2? If so, will person 3 be perceived as relocating within the group's structure? Is person 6 the moderator between 7-8-9 and 4-5 subgroups?
3. What is happening between person 3 and persons 7-8-9? Is there open hostility or passive power tactics? Is there a specific issue involved? What is occurring between persons 2 and 6 (maybe with 4 and 5)? What issues are there?
4. Who is (are) the initiator(s) in the subgroups? Can the people involved function independently?

A substantial summary of this group's process for working together has been captured in a brief assessment. The consultant has feedback concerning his location relative to the rest of the group as well as some relationship issues to continue exploring.

In interaction with the group in the next session, the dimensions were named. Dimension I became the Outsiders-Insiders dimension while the y-axis, Dimension II, was Administrators-Nonadministrators. The second dimension might be conceived as a power factor. According to these names, the consultant is viewed as one of the two most non-group members (Outsider pole on the x-axis) while he is neither administrative nor non-administrative: He has some of both or neither of the two according to the group opinion. This form of locating the individual in the group space using the dimension's names can be done for each group member to further substantiate the dynamics that were suggested by the INDSCAL solution.

This paper has thus far explained from a clinical perspective how Carroll and Chang's (1970) INDSCAL program holistically assesses small group structure; however, as rich as that perspective is, it is only part of the usefulness of the computer assisted sociometric. Being a holistic or gestalt analysis, INDSCAL's maps do *not* provide an evaluation of the individual in the group; rather, the group analysis is an intercorrelated composite of how everyone perceived everyone else, including themselves. The individual is lost in this group assessment. The individuals' *intrapersonal* perspective is, however, included in the INDSCAL analysis as occasional weights and is the focus of the following explanation and elaboration on the consultation group.

Occasional Weights Applied to Consultation Group

In addition to the interpretability of its axes, INDSCAL's other strength as a Multidimensional Scaling program is that it analyzes the individual's importance on each of the produced dimensions. This importance is expressed as occasional weights. Having found the group solution, "group stimulus space," the computer algorithm turns to the individual.

Return to the consultant and the service group of eight. Several provocative issues emerged from the holistic INDSCAL map. Some subtleties can be adapted from the basic dynamics based upon the personal differences of the seven rating members.

The group members perceived each other on the Outsiders-Insiders and Administrative-Nonadministrative dimensions to differing degrees. In general terms the same three alternatives are possible concerning the relative importance of Dimension I compared with Dimension II for each of the group members who performed the ratings: equality; the first more important than the second; or the second being dominant. In this particular group the following results occurred:

1) Persons 1 and 2 perceived the dimensions as approximately equal.
2) Persons 4 through 7 saw Dimension I as more important than Dimension II.

Initially, it was evident that person 3 was different from the others but this difference in both holistic and individual aspects of the INDSCAL analysis suggests an important issue.

It is too early to determine for certain, but frequently in conflict situations this pattern occurs: An extreme opposite personal view will assert itself from the rest of the group members' perceptions. Like valences in chemistry, the group system is attempting to become balanced. As the group polarizes on a couple of issues (two dimensions), the changes in the group's structure are reflected in the opposing extremes on the holistic map and the relative importance of the dimensions to the individual group members is expressed in occasional weights.

Multidimensional Scaling Applied to Family Counseling

A mother of an intact family brought her elder daughter in for counseling because the nine-year old was not sharing her negative emotions at home or school. An initial rating was performed on the nuclear family (Figure 5). The family identified the dimensions as Affective-Cognitive and Task-Fun. The greatest points of conflict at that time seemed to have been between (1) the marital dyad and (2) the children. After 29 days and four sessions, the INDSCAL assessment was again performed. This time the counselor was included as person number 5 (Figure 6). In this relatively short period of time, the family's perceptions changed. The original problem areas have been altered and now indicate that the tension areas are between (1) mom and the

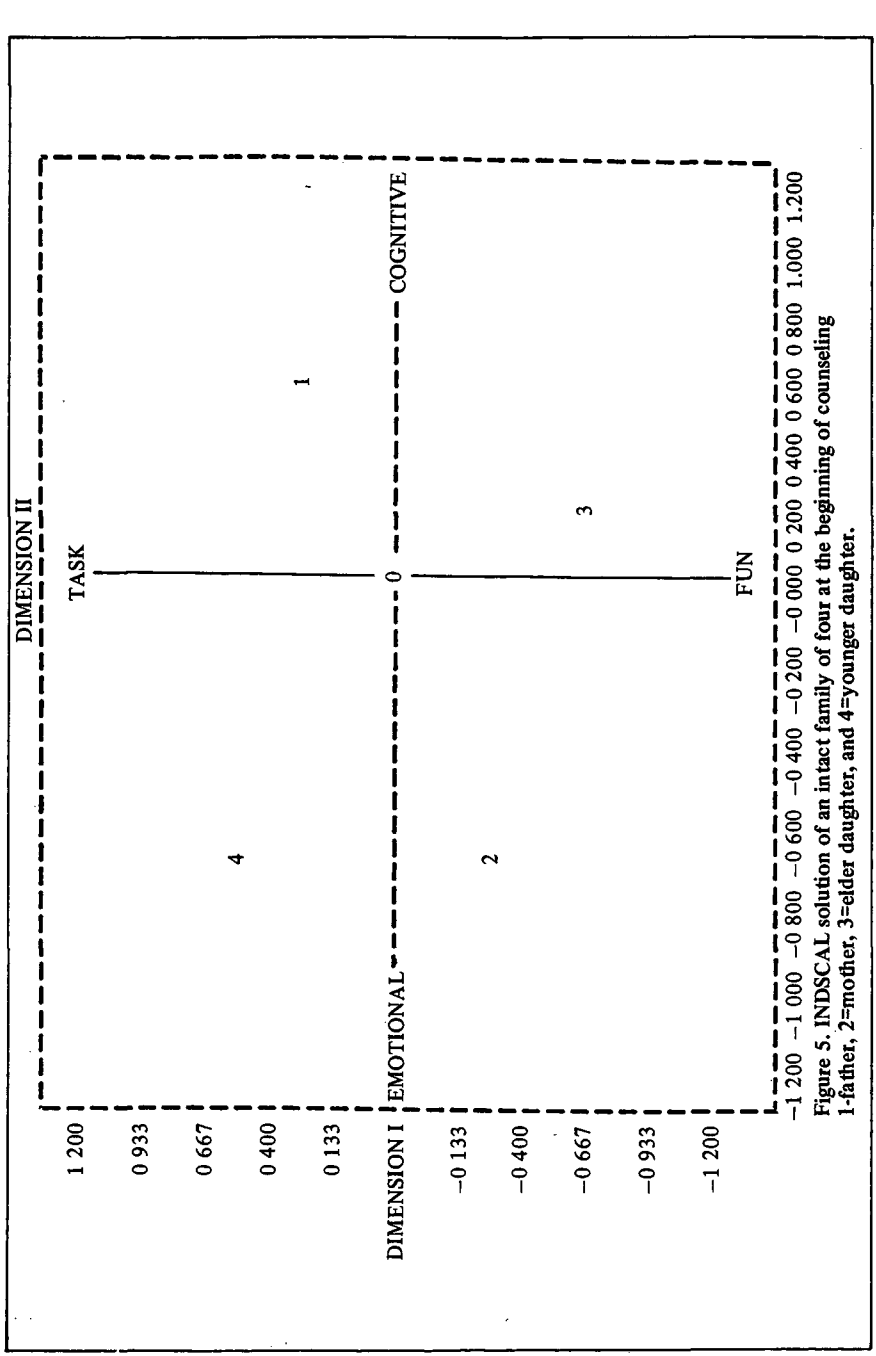

Figure 5. INDSCAL solution of an intact family of four at the beginning of counseling 1-father, 2=mother, 3=elder daughter, and 4=younger daughter.

elder, and (2) dad and the younger. In both circumstances the father is the most isolated family member.

Two reactions can be made: (1) The place of the counselor is defined as between the husband and wife on the Affective versus Cognitive issue and opposite from the children (and particularly the elder) on the Task-Fun dimension. Also, (2) a significant development of the family's structure occurred during the month between assessments, according to the printout. Based upon these results, the counselor erroneously chose to work most intensely with the mother-elder daughter,, as the mother had originally suggested, instead of the marriage.

After two months another assessment pictured the family's situation (Figure 7). The marital dyad is once again the problem and the counselor is able to correct his earlier emphasis and help the couple focus on their problems rather than scapegoat the elder daughter. The younger child was not in conflict with the elder; rather, she had moved toward her father (rescuing or comforting?). It should be remembered that this diagram was a synthesis of the family's ratings and not just a product of one or two perceptions; therefore these changes are expressions of the family's unspoken rules and values.

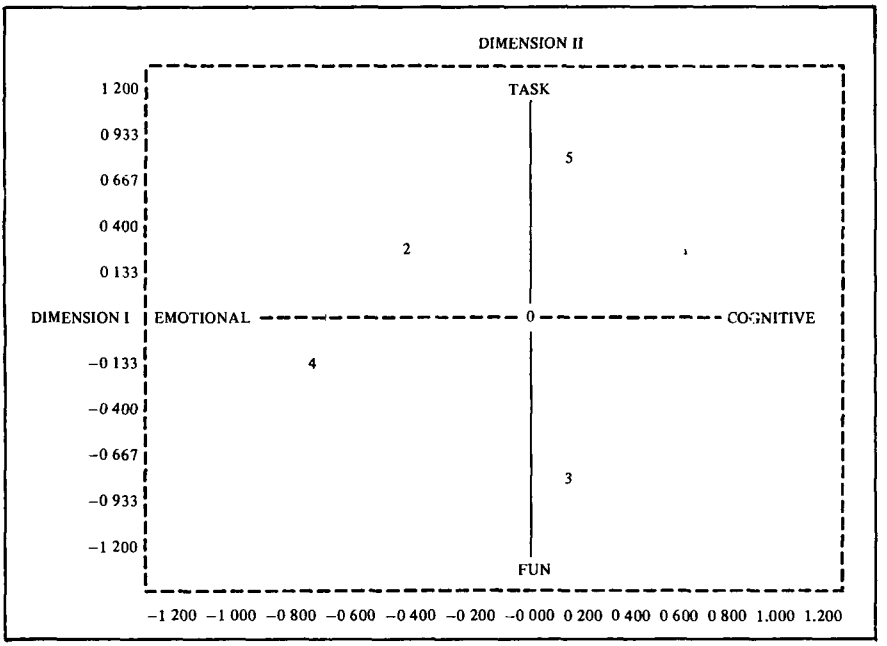

Figure 6. An intact family of four and the counselor after a month of counseling according to an INDSCAL analysis. 1=father, 2=mother, 3=elder daughter, 4=younger daughter, 5=counselor.

The counseling format that was originally chosen allowed for an under-utilization of the father. As Zuk (1972) has said, it is not a matter of whether or not to ally but with whom. In this situation the counselor's balancing of alliances (present at the second evaluation) between the husband and wife seems to have begun to tilt in favor of the wife. This tilt is probably what brought the younger into the father's quadrant. The counselor, before the last evaluation, had expressed concern that the marriage was more the problem than the elder's openness. He suggested that the mother may have been having difficulty with the elder daughter because the daughter was behaving like the father. The mother did not at first agree. This disagreement over the purpose of the counseling was reflected in the reorganization that occurred in Figure 7. Unfortunately the family was unable to continue with the counseling and the marital problems, though now identified, could not be facilitated to resolution.

The preceding brief report of family counseling with the application of INDSCAL Multidimensional Scaling illustrates its potential usefulness in diagnosis and assessment of change for this treatment modality. Its flexibility permits it to be applied not only to nuclear families but also to extended families or even pro-

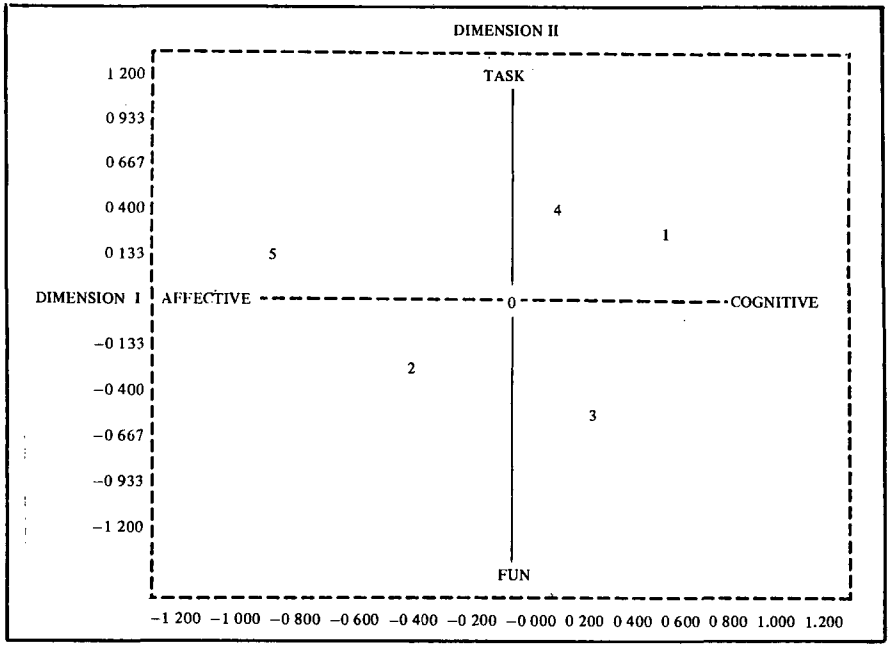

Figure 7. INDSCAL solution of an intact family of four three months.
1=father, 2=mother, 3=elder daughter, 4=younger daughter, and 5=counselor.

jected families. And by including himself or herself in the family ratings, the counselor is provided with important information regarding his relationship to the family's structure.

Multidimensional Scaling Applied to Group Counseling

A counseling group composed of six graduate student clients and the counselor was organized with the goal of assisting the students to identify their strengths and weaknesses with respect to functioning in their prospective roles of human service providers. (The group met only once during the first and sixth weeks and two times per week during the intervening weeks.)

The membership of the group consisted of four males and two females plus a male counselor. The ages ranged between the late 20's and early 30's for an average of about 29. The counselor was in his early 30's. All participants were Caucasian.

Inasmuch as the group members' goals included the identification of their strengths and deficits for working in human services roles, the use of multidimensional scaling appeared warranted. The rating scale was introduced after the second group session and interpreted during the third session. A second rating and interpretation occurred after the eighth session and was interpreted during the ninth session.

During the first two group sessions, the members spent most of the time getting acquainted and expressing their philosophies about the nature of the human condition and how they might serve as human service providers. The counselor also expressed his views of the nature of the human condition and how he functioned in the role of a human service provider.

INDSCAL was applied to the group ratings and the first group map (Figure 8) was shown to the members for their interpretation at the beginning of the third group session. Members were asked to sit in the position with respect to each other and imaginary x-y axes of the INDSCAL map.

Dimension II was quickly named Male-Female since the group was divided by sex on the y-axis. Dimension I was labeled Liberal-Conservative with Harold, Peter, Sherry, and John being labeled conservative and Charles, Connie, and Patrick (the counselor) being labeled liberal. Most of the third session was spent discussing what the Liberal-Conservative labels meant with respect to personal and professional functioning. Members focused especially on assets and limitations of each condition and on the degree to which each person was identified with one or the other end of the continuum.

Sessions four through eight were devoted to increasingly more self-disclosures and group responsiveness to the group goal of self-evaluation. On occasion members

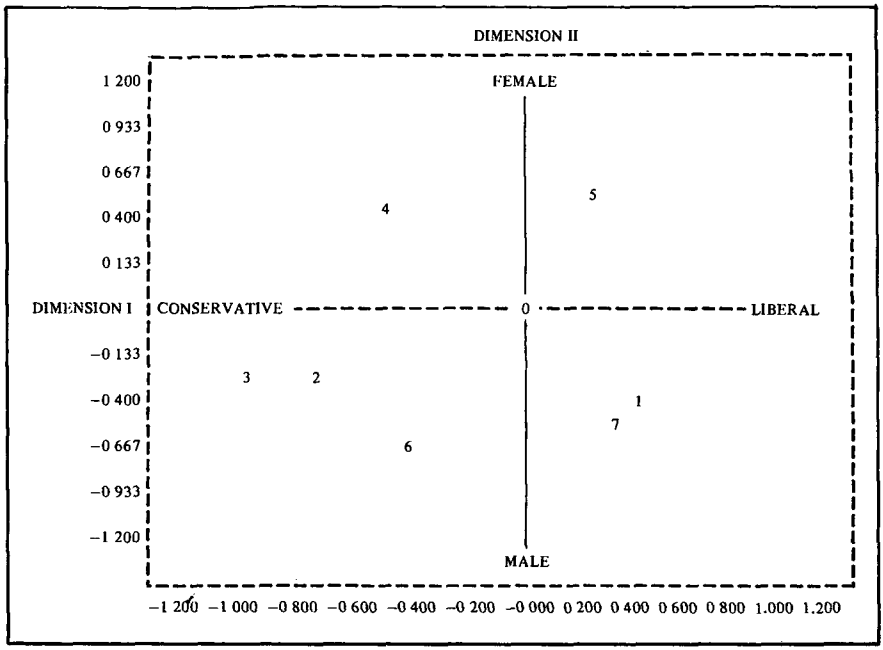

Figure 8. INDSCAL solution to a counseling group of seven.
1=Patrick (counselor), 2=Peter, 3=Harold, 4=Sherry, 5=Connie, 6=John, 7=Charles.

would relate their self-evaluations to their position on the Liberal-Conservative dimension of the INDSCAL map.

Figure 9 represents the group's INDSCAL map following ratings after the eighth session and presented during the ninth session. The group interpreted the map in the same fashion as they did in the first interpretation by moving to positions where they were identified on the map. Interestingly the females were perceived to be closer together on the second rating even though they were on opposite sides of the Liberal-Conservative dichotomy of the first rating.

The group labeled Dimension I as Open-minded – Closed-minded and Dimension II as Introverted-Extroverted. Thus Patrick (the counselor), Connie, and Sherry were considered to be open-minded while Harold, Peter, Charles, and John were viewed as closed-minded. On Dimension II Charles and Patrick (the counselor) were viewed as introverted while the others were perceived as extroverted. Actually the counselor was near the middle of the continuum as were Harold, Peter, John, and Connie. Charles and Sherry represent the extremes on this continuum with Charles more extreme on the introverted dimension than was Sherry on the extroverted dimension.

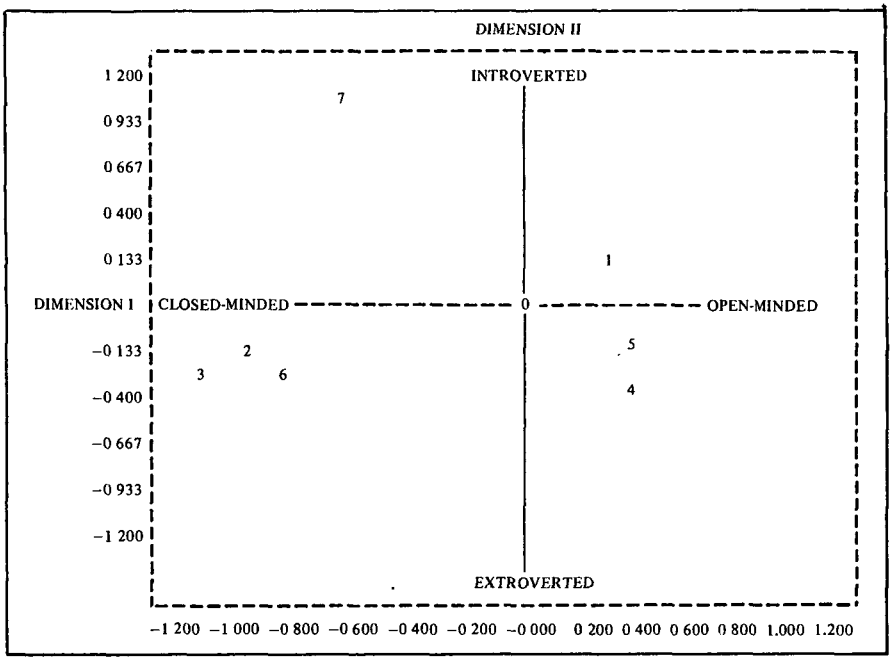

Figure 9. INDSCAL solution to a counseling group of seven.
1=Patrick (counselor), 2=Peter, 3=Harold, 4=Sherry, 5=Connie, 6=John, 7=Charles.

The importance of the second INDSCAL map is the shifting of Charles, Sherry, Patrick, and Connie and the elimination of the sexual identity in the dimensions. One could view the re-naming of Dimension I (open-closed-minded) as a reinterpretation of the original Liberal-Conservative labeling. In view of this, there were significant cross overs by Charles and Sherry with Charles moving to Closed/Conservative and Sherry to Open/Liberal. These shifts also appeared to the counselor to represent attitude changes made during the group by Charles and Sherry. To represent the different views of Sherry and Charles, during the ninth session Sherry stated that she goes to parties "to drink and to socialize." Charles retorted that "I'd have to drink to go to a party."

During the ninth and tenth (last) group session the members processed the meaning of both the stability of certain members regarding the INDSCAL maps and the significant shifting of other members. They concluded that group counseling can aid in changing attitudes and perceptions of some members whereas others are less flexible or more resistant to change. In either situation all members received some valuable feedback and used the group to process this feedback and arrive at their own interpretation of what it meant to them.

Advantages of INDSCAL Multidimensional Scaling

In the 30 years since J. L. Moreno introduced sociometrics, only limited progress has been made in advancing the assessment of small groups. Bales' SYMLOG and Hill's Hill Interaction Matrix (HIM) provided the most promising procedures until the advent of Multidimensional Scaling applied through INDSCAL. In harmony with advances in computer technology it was only a matter of time until researchers in the small group field would learn how to apply this advanced technology to the assessment of the small group.

The INDSCAL Multidimensional Scaling program has several advantages over competing models. Perhaps the greatest advantage is its innocuous format for obtaining assessments. Group members are required only to rate each other on a scale from one to nine on their degrees of similarity or difference. Each rater, therefore, uses his or her own unique perceptions and is not bound by some preconceived assumptions of what should be rated.

A second advantage of INDSCAL Multidimensional Scaling is that it yields not only a reflection of the small group's interpersonal structure, through its group maps, but it also shows, via occasional weights, how each individual relates to this structure/map.

A third unique value of MDS is its flexibility. It can be applied with equal value to any and all kinds of small groups. In this paper its application to three such small groups was illustrated: a consultation group, a family counseling group, and a counseling group.

Inasmuch as the MDS ratings are easy to obtain and are computer scored it allows for frequent application to a small group, after every session if desired. Furthermore, ratings can be made of people who are known but not present, such as a father or mother in a divorced family. A sample of a larger group can also be taken to gain a perspective of the dynamics of the entire group.

Two limitations of the INDSCAL Multidimensional Scaling model are the somewhat subjective interpretation given to the maps by the group members and the leader, and the excessive amount of time needed to rate when groups are over a dozen or so in size. The group's involvement in the interpretation of the maps, however, can also be viewed as an asset because of the feedback provided through the maps and the dimensions of the maps.

Although the use of INDSCAL Multidimensional Scaling has already provided a breakthrough in small group research for both process and outcome evaluation, "the surface has only been scratched" with respect to its potential. Numerous applications yet unknown are possible. INDSCAL Multidimensional Scaling may hold the key to unlocking many of the mysteries of small groups.

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Address: George M. Gazda & Jerry A. Mobley
Department of Counseling and Human
Development Services
University of Georgia
Athens, Georgia

Viewing the Termination Process

Peter L. Kranz and Nick L. Lund

A questionnaire regarding termination issues for the Psychodrama Training Program at St. Elizabeths Hospital was mailed to 80 program graduates. Responses received from 52 individuals indicated no statistically significant differences between first versus second year graduates or between male and female graduates in answers about termination. Eighty-one percent of the 52 total respondents indicated that termination was a significant personal issue. Over two-thirds of the respondents indicated that adequate time was given in the training program for dealing with termination and that their termination from the program was adequately resolved. A large number of respondents offered specific suggestions for both the training staff and for future trainees in dealing with termination issues.

Psychodrama is a major therapeutic modality. Introduced in the United States by J. L. Moreno in the 1920s, psychodrama found its roots at Beacon, New York, where in 1934 Moreno established the World Center for Psychodrama, Sociometry, and Group Psychotherapy. In 1939, the psychodrama movement was launched and supported at Saint Elizabeths Hospital, Washington, D.C., which became the first large mental hospital in the United States to pioneer group psychotherapy, sociometry and psychodrama (Anderson, 1974; Overholser & Ennis, 1959). Saint Elizabeths' formal program was established in 1961 and since that time has flourished as one of the leading learning centers for psychodrama. As one of the leading training programs, Saint Elizabeths consistently attempts improvement in its instructional interactions with students. The present article represents a focus on one aspect in psychodrama training, termination issues.

An extensive literature review revealed a dearth of information concerning the effects of termination on students involved in therapeutic training programs

(Fox, Nelson & Bolman, 1969). This lack of attention in training students to deal with termination was noted by Husband and Scheunemann (1972) in a review of social work training programs and by Kranz and Lund (1979) in a consideration of play therapy training. In addition, no literature was noted which specifically related to the student's termination process in psychodrama training programs. This absence in the general literature may be related to the conjecture by Fox, Nelson and Bolman (1969) that such an absence in social work training programs is a reflection of defensive processes against the effects involved in termination. Fox, et al. considered the absence a type of institutionalized repression and stated that, while it is common to find defense against affect in our culture, in our professional work such defense is a public hazard.

Golden (1976) agreed with the observation of Fox, Nelson and Bolman but enlarged upon the termination issue by noting that the problem is not unique to social work education. According to Golden, the lack of termination training is found in medical schools, psychiatric residency programs, psychology internships, and training programs for psychiatric nurses. This perception was reinforced by Levinson (1977, p. 480) who stated that termination issues receive a lack of attention ". . . in agency settings, case conferences, ongoing in-service training programs, and supervision. It is as if many mental health professionals have little exposure to, or awareness of, the importance of this phase of treatment either in their own professional training or in their own experience of it in psychotherapeutic relationship."

Generally, when termination is addressed in the literature, the focus is on the client's emotional reactions. Little consideration is given to feelings aroused in the therapist or to the means by which the therapist is to work through these feelings. In a session transcript, Naar (1974) emphasized that the phenomenon of termination was not one-sided. Naar's own words point out the extent of emotional arousal in the therapist, "When a client terminates therapy, my sadness at losing a friend, my joy and pride in witnessing a happiness to which I contributed, are often mixed with a fleeting bitterness and envy at the thought that others will, from now on, acquire the importance which I had in that fellow human's life" (Naar, 1974, p. 55).

Although Levinson discussed several termination issues from the client's perspective, emotional reactions of the therapist were also noted. According to Levinson (1977), treatment termination involves loss of a real relationship that developed over an extended time period. This separation is from a relationship with unique characteristics which are seldom experienced in one's usual social concepts. Accordingly, the process of termination can arouse feelings of separation and loss in the therapist. The end of the therapeutic relationship and loss of the patient can lead to internal conflicts and fears, which can be a basis for learning and growth. Treatment can afford the therapist, as well as the client, involvement in a creative process from which may emerge a new or modified

self. Termination, may be akin to saying "good-bye" to a part of one's self and may be one means of involving the therapist in a crucial and constructive phase of self-examination.

Psychodrama is a therapeutic process that involves an assumption of termination from its inception. The point of termination can be focused on the affective meaning of the therapeutic process and the importance of the therapist-client relationship for both the therapist and the client. The means by which termination is accomplished is crucial for continuance of the therapeutic gains experienced by the client and therapist. Therefore, it seems essential that the psychodrama student fully learns about the termination process during the course of training. Accordingly, the present investigation represented an attempt to explore feelings of termination among students involved in an extensive psychodrama training program.

Method

Subjects

Subjects were graduates (1962-1979) of the Psychodrama Training Program, Saint Elizabeths Hospital, Washington, D.C. A total of 52 graduates voluntarily participated, of which 24 were male and 28 were female; 47 were White, 4 were Black, and 1 was Mexican-American. The age range of the respondents was 23-47, with an average of 32.0. Twenty-seven reported holding a B.A. or B.S. degree at the time of their traineeship, while 25 held a degree beyond the baccalaureate level. Fourteen respondents were second-year program graduates. Twenty-eight questionnaires were not returned.

Procedure

A 14-item questionnaire, which included 8 objective and 6 subjective items, was developed by the investigators. The questionnaire was examined for face validity by three other individuals who were familiar with the Psychodrama Training Program. Independently, there was strong agreement among these three individuals that the questionnaire appeared to ask directly relevant items concerning training received in dealing with termination from the program.

The questionnaire was mailed to 80 graduates of the Psychodrama Training Program. A second mailing was sent 6 weeks later to those graduates who had not responded to the first mailing. A limit of 8 weeks was established to receive the second mailing.

Analysis of the objective items was primarily by the chi-square technique. Subjective items were independently rated for content by the investigators and one other behavioral scientist.

Results

No statistically significant ($p < .05$) differences were found in the questionnaire responses of individuals who had completed one versus two years of psychodrama training, nor were significant differences noted between male and female trainees. These non-significant chi-square values are not presented in order to preserve brevity. Thus, data from the Termination Issues Questionnaire were considered for the 52 respondents as a total group. It was recognized that other sources of potential differences, such as quality of performance, might exist among these respondents; however, these sources were not addressed by the questionnaire. Table 1 presents a summarization of responses to those questionnaire items that could be tabulated numerically.

As shown in Table 1, Question 1, most (81%) of the 52 respondents felt that termination was a personally significant issue. This feeling was also notable in dealing with First Year Trainees, Patient Groups, and their Training Supervisor(s). Termination was an issue, but not for as large a percentage of the respondents, in dealing with Clinical Supervisor(s), Other Staff Members or Students in the 200 Hour Series.

In a specific consideration (Question 2, Table 1) of 6 groups of individuals involved in the program, over 66% of the 52 respondents expressed that adequate time was given in the training program for dealing with termination from each of these groups. However, 18 (35%) of the respondents indicated (Question 3) that too little time was given in the overall training program for dealing with termination. For each of the groups of individuals, responses of too little time for dealing with termination ranged from 12% of the respondents when considering First Year Trainees, to 23% of the respondents when considering Clinical Supervisor(s) or Other Staff Members.

While most (70%) of the respondents became aware of personal feelings (Question 4, Table 1) regarding termination with students in the 200 Hour Series early in the program (July to September), awareness of these feelings when considering other groups of individuals occurred for the most part late (April to June) in the training program. Program respondents were asked to describe how they handled their termination from each of the 6 groups of individuals in the program. A review of these responses indicated that no real difficulty was experienced in termination from Students in the 200 Hour Series or from Other Staff Members. For both of these groups, most respondents reported that they were not very involved and that a brief "good-bye" was sufficient. In dealing with Patient Groups, most respondents indicated that feelings of termination were brought up and dealt with approximately 2-5 sessions prior to final termination. Notes from action sessions and two-hour daily staff-training meetings were used as outlets for sharing feelings about patient terminations. Some respondents also indicated they explored their feelings with their clinical and training

TABLE 1

Tabulation of Responses to Objective Items by the 52 Individuals Who Returned the Termination Issue Questionnaire

Questionnaire Item	*Response* *Yes*	*No*	*No Ans.*
1. Do you feel that termin. was a signif. issue for you?	42	9	1
Was termin. an issue for you in dealing with:			
1A. Students at St. Eliz. for 200 Hour Series	23	27	2
1B. First Year Trainees	43	8	1
1C. Patient Groups	41	9	2
1D. Training Supervisor(s)	36	14	2
1E. Clinical Supervisor(s)	28	21	3
1F. Other Staff Members	28	22	2
2. Was adeq. time given in the trng. prgrm. for dealing with termin?	40	11	1
Was adequate time given for dealing with:			
2A. Students at St. Eliz. for 200 Hour Series	40	10	2
2B. First Year Trainees	44	7	1
2C. Patient Groups	44	7	1
2D. Training Supervisor(s)	39	12	1
2E. Clinical Supervisor(s)	38	12	2
2F. Other Staff Members	36	13	3

Questionnaire Item	*Too Much*	*Too Little*
3. If your answer was NO to Quest. No. 2 (or any part thereof), was the time gvn. in the trng. prgm. for dealing with termin.	1	18
Was the time given for dealing with:		
3A. Students at St. Eliz. for 200 Hour Series	3	9
3B. First Year Trainees	6	6
3C. Patient Groups	2	7
3D. Training Supervisor(s)	3	11
3E. Clinical Supervisor(s)	2	12
3F. Other Staff Members	2	12

4. At what time in the prgm. did you become aware of personal feelings regarding termination with:

	No Ans.	*July-Sept*	*Oct-Dec*	*Jan-Mar*	*Apr-June*
4A. Students at St. Eliz. for 200 Hour Series	12	37	2	0	1
4B. First Year Trainees	5	4	7	11	25
4C. Patient Groups	7	1	3	2	39
4D. Training Supervisor(s)	9	2	5	4	32
4E. Clinical Supervisor(s)	16	2	7	2	25
4F. Other Staff Members	12	2	6	4	28

TABLE 1 *(Continued)*

Questionnaire Item	*Yes*	*No*	*No Ans*
6. Were you aware of any unique and/or unusual behaviors for yourself during the termination process?	30	21	1
7. Were you aware of any unique and/or unusual behaviors in others during the termination process?	32	19	1

8. Prioritize (1 = most, 6 = least) the following groups of individuals that you had the most to least difficulty in terms of termination:

	1	2	3	4	5	6	X	s.d.	No Ans.
8A. Students at St. Eliz. for 200 Hour Series	2	4	3	5	8	26	4.9	1.5	4
8B. First Year Trainees	28	13	4	0	3	1	1.8	1.2	3
8C. Patient Groups	3	8	15	13	9	0	3.3	1.2	4
8D. Training Supervisor(s)	11	14	10	11	2	0	2.6	1.3	4
8E. Clinical Supervisor(s)	3	6	12	11	11	4	3.8	1.4	5
8F. Other Staff Members	4	3	6	8	16	11	4.3	1.5	4

9. Prioritize the following as you feel they experienced difficulty in terminating from you:

	1	2	3	4	5	6	X	s.d.	No Ans.
9A. Students at St. Eliz. for 200 Hour Series	3	5	6	5	4	25	4.6	1.7	4
9B. First Year Trainees	23	11	10	0	3	1	2.0	1.3	4
9C. Patient Groups	11	13	9	7	6	1	2.7	1.4	5
9D. Training Supervisor(s)	5	13	10	12	7	1	3.1	1.4	4
9E. Clinical Supervisor(s)	0	8	6	20	9	5	4.0	1.2	4
9F. Other Staff Members	3	2	7	5	20	10	4.5	1.4	5

10. In each group, who init. discus. of termin. issues:

	You	*They*	*Mutual*	*Staff*	*Combin*	*No One*	*No Ans.*
10A. Students at St. Eliz. for 200 Hour Series	6	24	0	8	0	6	8
10B. First Year Trainees	17	21	1	6	0	0	7
10C. Patient Groups	43	0	0	3	1	0	5
10D. Training Supervisor(s)	22	18	1	0	0	3	8
10E. Clinical Supervisor(s)	15	23	1	0	0	6	7
10F. Other Staff Members	22	11	0	0	0	10	9

11. Was your termin. from the Psychodrama experience at St. Eliz. adeq. resolved in dealing with each of:

	Yes	*No*	*No Ans*
11A. Students at St. Eliz. for 200 Hour Series	45	5	2
11B. First Year Students	37	12	3

TABLE 1 *(Continued)*

11C. Patient Groups	39	11	2
11D. Training Supervisor(s)	37	13	2
11E. Clinical Supervisor(s)	39	11	2
11F. Other Staff Members	36	14	2
12. Do you have suggestions for the trng. staff in helping the trainee through termin. issues?	43	9	
13. Do you have suggestions for future trainee groups in dealing with termination?	39	13	

supervisors. The action sessions were also reported as an important avenue for dealing with termination issues regarding First Year Trainees, Training Supervisor(s) and Clinical Supervisor(s); however, many respondents stated that termination from their Clinical Supervisor(s) was primarily handled on an individual basis.

In response to Questions 6 and 7 (Table 1), a majority of the respondents noted awareness of unique behaviors in themselves and in others during the termination process. A summarization of these responses indicated major feelings that were prominent among the respondents. These feelings included: anger, sadness, avoidance, withdrawal, fear of the future, and a desire to be isolated from others. Other feelings that were mentioned with notable frequency were: denial of feelings, anxiety, depression around the end of the program, resistance in completing projects, feelings of abandonment and rejection, staff avoidance of respondents' feelings of termination, and jealousy of others who had secured future employment or who had been asked to join the Psychodrama program staff.

When asked to prioritize (Question 8, Table 1) groups of individuals with whom the respondent had the most to least difficulty in terms of termination, the greatest difficulty was reported with First Year Trainees and the least difficulty was with Students in the 200 Hour Series. A large number of respondents noted difficulty in termination with their Training Supervisor(s); however, relatively few reported difficulty in termination with the Clinical Supervisor(s) or Other Staff Members. Most respondents gave a middle ranking, 3 or 4 value, when considering personal difficulty in termination with Patient Groups.

Respondents indicated (Question 9, Table 1) that they felt First Year Trainees experienced the most difficulty in terminating from them, and that students in the 200 Hour Series and Other Staff Members experienced the least difficulty. Responses indicated the feeling that the clinical Supervisor(s) did not

experience much difficulty in termination from them, but that a moderate degree of difficulty was experienced among the Training Supervisor(s), and that the Patient Groups showed a notable degree of difficulty in termination from the respondents.

The initiation of discussion of termination issues (Question 10, Table 1) was reported to be predominantly by the respondents when dealing with Patient Groups and Other Staff Members. The discussion was initiated primarily by the student when dealing with Students in the 200 Hour Series, and the initiation was fairly evenly divided between the respondent and the individual when considering First Year Trainees, Training Supervisor(s) and Clinical Supervisor(s).

Over 70% of the respondents indicated that their termination from the Psychodrama experience at St. Elizabeths was adequately resolved (Question 11, Table1) when they considered the 6 groups of individuals involved in the program. The largest proportion of respondents reporting adequate resolution of these issues was from the Students in the 200 Hour Series (87%).

Suggestions for the Psychodrama teaching staff in helping the trainee through termination issues were offered by over 80% of the respondents. A majority of these individuals reported feeling that the staff should be as involved in the termination process as was the trainee and thus suggested that the staff needed to look more carefully at personal feelings regarding termination issues. Many respondents felt that the staff avoided termination issues and suggested that both individual and group sessions should be specifically scheduled well in advance of the end of the program to allow adequate time to work through feelings regarding termination. Another popular suggestion was that specific readings on termination should be included in the program for both staff and trainees.

Over 75% of the respondents offered suggestions for future trainee groups in dealing with termination issues. These suggestions included that the trainees should prepare for termination in advance of its arrival; that they should begin early, but not too early (for example, approximately two months), to come to terms with feelings; and that the trainees should face, not avoid, the feelings and make sure that opportunities are specifically provided for dealing with the issues. Some respondents indicated that integration of theoretical, didactic information on termination with the psychodrama action method was important. Many reported that talking about future projections, such as professional goals, personal growth, and competence was one useful avenue for exploring feelings and termination issues. The most offered suggestion was that the trainees should confront, not avoid, their feelings.

Discussion

Notably, there was a 65% return rate for the termination issues questionnaire and, among the respondents, 81% indicated that termination was a significant personal issue. This finding may relate to the degree of involvement that the

respondents had in the entire training program. By nature, this involvement had to be intense, and demanding. The program also stressed extensive sharing and cooperation as well as independence and creativity. Such deep involvement could thus arouse feelings of other separations and losses associated with termination. Within the program, the reported intensity of termination feelings varied relative to 6 specific groupings of individuals with whom the respondents were involved. The group that the respondents reported the greatest degree of involvement with was First Year Trainees. This result was expected since first year trainees share more time together than they experience with any of the other 5 program groups. First year trainees also mutually shared the "growth pains" of being students learning a new therapeutic modality, psychodrama, and thus had greater basis for the development of affective intimacy.

Conversely, the group that the respondents felt least involved with was the 200 Hour Series students. This result was also expected since this group is only involved in the first six weeks of the training program. Thus fewer close attachments would be initiated or maintained as in a group whose training extends over one or two years. Of the four remaining groups the reported termination feelings seemed to be directly related to the amount of time spent in direct interaction, with the order of contact descending from patient groups to training supervisor(s) to clinical supervisor(s) to other staff members.

Prioritization of groups of individuals in terms of degree of difficulty regarding termination may have been related to time spent in direct contact, personal investment, meaningfulness of the contact, degree of developed affective intimacy, and successful feelings in these contacts as a student psychodramatist. The factors were ones which seemed to differentiate the groups ranked from most to least difficulty in terms of termination by the respondents.

In a consideration of who initiated the discussion of termination issues the one group that stood out was that of Patients. The respondents overwhelmingly reported being the initiators with this group. This result was consistent with clinical practice since a patient group typically has little or no control over termination. Also, for some groups in a hospital, such as trainees, patients are typically not aware of the group's tenure and would not know when to expect termination were it not initiated by members of the group.

A majority of respondents reported being aware of unique behaviors not only in themselves but also in others during the termination process. These reports seemed to be congruent with those often mentioned by other researchers and therapists familiar with termination issues (Greben, 1976; Kanter, 1976; Kauff, 1977; Spencer & Blacker, 1976). The behaviors most reported in the present study were displays of anger, sadness, avoidance, withdrawal and denial.

Responses to the question concerning how individuals handled termination from each of the 6 program groups indicated that most respondents felt they had adequate time, opportunity and avenues relative to each group. Both indi-

vidual contacts and group sessions were reported as successful means by which to address termination issues. Responses also indicated that the program staff was sensitive to termination as an important emotional process and suggestions were offered for improvement of this sensitivity.

Forty-three respondents (83%) offered suggestions for the teaching staff in helping the trainee through termination issues. These suggestions were primarily constructive ones given to improve an important segment of a psychodrama training program. Among these were suggestions that the staff look more carefully at personal feelings regarding termination issues because they should be as deeply affectively involved with the termination process as are trainees, that both individual and group sessions should be specifically scheduled well in advance of the end of the program to allow adequate time to work through feelings regarding termination, and that specific readings on termination should be included in the program for both staff and trainees. The first of these recommendations clearly indicated the perception of the psychodrama graduates was that the teaching staff should be more affectively involved with the trainees. If a staff member was not very subjectively involved, the trainee would likely perceive the termination process as aloof and lacking in affect. Thus, one recommendation for consideration in psychodrama training is the degree of emotional involvement recommended for those in positions of training and supervision.

Additional suggestions were offered by over 75% of the respondents as assistance for future trainee groups in dealing with termination issues. These suggestions included that the trainees should prepare for termination well in advance, that they should discuss openly rather than avoid, their feelings, and that they should provide opportunities that specifically dealt with the issues.

In summary, over two-thirds of the 52 respondents felt that adequate time was given in the training program for dealing with termination. Additionally, over 70% of the respondents indicated that their termination from the psychodrama training program was adequately resolved. These high percentages may be related to a staff and program that is not only sensitive to termination but is aware of the importance of having the issue faced and discussed. In this regard, a specific module on termination has been instituted with the psychodrama training program during the last year and it is anticipated that research and training will continue in this area of therapeutic experience. In addition to consideration of the recommendations for training provided by the psychodrama graduates surveyed, some potentially productive research areas suggested from the obtained data include: exploration of means for development of deeper affective intimacy between teaching staff and trainees, variation in time of introduction of termination issues in a program, a study of means by which greater cohesion could be achieved within various program segments and interactive members, ways of encouraging trainees to specifically confront feelings regarding termination and the impact of these factors on training outcomes.

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Address: Peter L. Kranz & Nick L. Lund
Department of Psychology
University of North Florida
Jacksonville, Florida 32216

Future Intention— A New Group Guidance Procedure for Developing Goals for the Future

Sally Thomason and Joe Edward Morris

In an effort to plan better for the years ahead, future processes have been implemented by various civic and educational groups across the nation. This article presents a similar structure and dynamics as applied to group guidance and counseling. A significant shift in emphasis is made from merely planning for one's future to *imaginatively experiencing the future as that which is happening in the present. The rationale and concrete outline for this futures invention process reflect how individuals can break through the respective impasses in their personal lives to higher levels of emotional growth.*

A major element of the Zeitgeist of any era is its cultural and individual attitudes regarding the category of time. In the second half of this century we have witnessed in many areas a recognizable shift toward emphasis upon the future. Realized exploration of outer space and the increasing probes of modern science and technology are responsible for much of this movement of thought. Mounting social problems have also spurred mental energy in this direction. Urban sprawl, burgeoning ecological factors, and expanding educational needs are bringing civic leaders, environmentalists, educators, business, and professional leaders together in workshops designed to assess their respective futures. A basic purpose of many of these workshops is the imaginative creation of policies for meeting the needs of those futures. Undergraduate and graduate "futures" courses are rapidly, and successfully, becoming a part of the regular curriculum on many campuses.

Noticeably lacking in all of this forward-looking orientation is the adaptation of the futures process for meeting individual needs related to personal growth and emotional well-being. Our purpose in this presentation is to demonstrate the applicability of futures processing for the nurturing of personal growth. We

shall provide a rationale and therapeutic format which possesses practical use for group guidance and counseling.

Review of Literature

Boulding (1973) in his introduction to Pollack's *Images of the Future* states: "The image of the future . . . is the key to all choice-oriented behavior." Sounding a similar theme, Ziegler (1976) brought forth the Futures Invention process. His work focuses on groups and organizations vis-à-vis their respective civic concerns. Ziegler's (1976) fundamental principle for group process is:

> that participants are persons in command of their wits, possessed of the capacity to have and know their intentions, and to realize them in action with other persons who are capable of the same (p. 132).

His aim is not to describe the future, but to arrive at expressions of personal intentions which can bring about the future through action taken in the present: "Futures-invention is the product of intentionality and imagination utilization working hand in hand" (p. 135).

Brubaker (1978) proposed a similar consultation model for designing desirable futures. His stated goals include:

> the process of *constructing* probable and proposed futures; *clarifying* the distinctions between the two; *designing* procedures for closing the gap between the probable and the proposed; and *executing* the change process (p. 431).

The dynamics of Brubaker's model centers mostly on the gathering of information for the purpose of plotting proposed futures.

To put future theories into action, the "Center for the Study of Alternative Futures," the College of Southwestern-at-Memphis, has been instrumental in presenting Future Invention workshops. This program has conducted Future workshops for civic and church groups, as well as small groups of individuals and married couples. Use of the future process at these workshops enables individuals as well as groups to identify the future they want and create plans to bring it into reality.

More recently, Morris (1979) has presented the philosophical foundations for an alternative approach to the single case study in which individuals become imaginatively involved in constructing their own future "history." In his model emphasis is placed upon the intentionality of clients as they formulate their relation to "the possible."

Overview and Philosophical Considerations

At the Center for Alternative Futures, Osman, Harding, and Ziegler initiated Future Invention workshops for civic group concerns. This article is a discussion of an adaption of their models into an effective format for guidance in a group setting. Through a structured technique which elicits imaginative, creative, and

constructive thinking, individuals participate in proactive planning for the accomplishment of future goals.

The emphasis of this model is not upon a future which *will* happen, but rather upon one which *is* happening. In Ziegler's (1976) words, "The 'future' must become the 'present' " (p. 139). What individuals *do now* is part of their future. A major thesis of our model suggests that all decisions *are* the future. The future is impregnated in the present.

This is not a new philosophical understanding of the nature of time and reality. In their rejection of Aristotelian "clock time" both Heidegger and Kierkegaard forwarded the existential concept of a futurized, subjective time, instantaneous in quality and unlimited in its temporal mode. Existence is a flowing continuum. There are no "fixed" moments. The future is the dominant mode of time for achieving individuality. And that future *is* the ever present moment in which all tenses merge.

Reflecting on this philosophical orientation May (1961) notes "that the most profound psychological experiences are peculiarly those which shake the individual's relationship to time" (p. 68). He alludes to Minkowski's clinical studies supporting this thesis. Minkowski contends that a client's delusion does not necessarily prevent a relationship to the future; conversely, it is the client's inability to relate meaningfully to the future of which the delusion is but a manifestation.

An effective method of involving individuals in their own futures is the Futures Invention process. As stated above, this process was first developed to elicit better citizen participation in public policy decisions. As adapted for individuals, it can help men and women employ creative intentionality in their lives. The Futures Invention process is used primarily with those who have reached an impasse in their personal lives and are frustrated or debilitated because of extenuating circumstances, lack of self-confidence, inability to function creatively, and general dissatisfaction with the present state of affairs. Building on the premise that it is one's vision of the future, not the present condition that creates the atmosphere for growth, the process is effective in nurturing personal growth by helping individuals step out of their present personal dilemma. The process assumes that each individual has the creative potential to transcend his or her own life and that with careful instruction individuals will gain insight into themselves through support and communication with others.

Group Procedure and Basic Rationale

In this process specific tasks are assigned to each member of the group with explicit instructions and definite expectations. The leader's role is to direct the group firmly so that habitual relational behavioral patterns are not followed, but rather new approaches are tried. The schedule is controlled. The leader plays an active role by giving instructions and seeing that those instructions are fol-

lowed. The leader remains passive regarding interpretations, value judgments, and personal insights. Each step in the process is designed to reinforce the basic premise that participants are individually responsible for their decisions and sug-sequent actions, i.e., their future.

A commonly occurring obstacle to full participation in the process is the unrecognized or not readily admitted desire on the part of many to protect the right to keep their options open–to make no decision. There might be unconscious feeling that commitment to one goal is too limiting. In not making a decision the freedom to move in any direction is protected. However, the stalemate created by lack of direction is very frustrating. When action is not being taken, individuals realize the lack of growth in their lives. Another possible factor contributing to this inability to commit to action is a deep-seated fear of failure *or* success. This also can be dealt with objectively within the context of the process.

The optimum size for the workshop is twelve to fifteen. Ideally, the workshop should be held over a two-day period in a relatively isolated spot. Overnight reflection by the participants is very helpful. The process has been incorporated in a six-week class, with one step of the procedure accomplished each week. The times for each step can be modified as long as individual work time by each participant is kept at a maximum. This controlled time with a specific task is one of the key ingredients for the success of the Future Invention process. There is a form for each step in the process so that participants record for their own benefit their thought process. The writing down of each step in the process is extremely helpful for individuals in becoming clear, concise, and objective about their thoughts.

Process Outline

Step one: a statement of future achievement (40 minutes). Participants are handed a form and asked to imagine themselves living in their respective futures, ten years from the present. They are to step into a time machine and mentally place themselves in the future. Everyone writes on the form an achievement they would most like to have accomplished in that year. After having clearly formulated a future achievement, two indicators as evidence of its occurrence must be listed. The indicators are necessary to force individuals into making statements about concrete events rather than amorphous, vague feelings or idealistic goals. For example, although it is the hope that every participant in the workshop will be "selfactualized" in the tenth year, each individual is asked to define such self-actualization in a specific way. This limitation is imposed to bring substance to potential creativity and help the individual develop intentionality. A sample statement of a future achievement could be: "I am a successful writer." Indicators: (1) a royalty check came from my publisher yesterday and (2) I flew to Los Angeles for an autograph party last week.

Participants often resist this first step. They insist that if they knew what they wanted for the future, they would not be in the workshop. At this point the leader must persuade everyone to "play the game." A choice is being made at every point in an individual's life. Doing nothing is as much a choice as doing something. The process is designed to help individuals become aware of the choices they make. The gamelike atmosphere makes the first exercise more acceptable to those unpracticed in making decisions.

Participation is explained as an investment of only a few hours in an idea that can be discarded at the end of the day. Encouragement is given to "try on a dream and wear it for awhile." The point to be emphasized is that a decision cannot be objectively considered until clearly stated. If after consideration it is found undesirable, alternatives should and will be created.

Participants complete the first exercise alone. Conversation with anyone else is prohibited. The temporary isolation is imperative to preclude reaction to another's idea, rather than inventing one's own achievement. This seeks to activate individual intentionality. If one can identify personal goals, it is a beginning of the recognition that the future is shaped by the acts of the present.

Clarification (20 minutes). This step occurs between all stages in the procedure. It is the first step in objectifying that which each individual has created. Participants are asked to gather in groups of three, preferably with someone not previously known. Within small groups participants take turns reading and clarifying their future achievement statements and indicators. Participants are reminded they are still operating in the future as if it were today. They are to ask each other if the *achieved* goal is clearly understood. Do the indicators reflect to an unknowing observer that the stated achievement did in fact transpire? Value judgments are prohibited. The leader's initial instruction must emphasize that the purpose is *clarification* only. Participants are instructed to observe and immediately stop any evaluation of fellow participants during the clarification period.

Following the clarification procedure individuals are given an opportunity to restate their achievements, if any so desire. The restatement of achievements is possible at any step in the process. The ever present choice of alternatives is recognized and accepted. However, individuals changing their initial future achievement statement should return to the beginning of the process and follow the subsequent steps in ordered progression.

Step two: consideration of consequences (40 minutes). Once the future achievement (goal) has been clearly stated and clarified, the individuals are instructed to identify at least three positive and three negative consequences of this action on oneself and on another—spouse, partner, boss, etc. Unanticipated consequences are frequently recognized by this step. As an illustration from the realm of public policy, it can be pointed out that the building of a national

expressway network immediately following World War II was thought to be a permanent and perfect solution for the transportation needs of the United States. The subsequent destructive influence on the downtowns of our nation, plus increasing reliance on foreign oil, now in limited supply, were unanticipated consequences. Such consequences occur with any goal, but can be anticipated if considered during the planning stage. As in the first step, the participants work alone, individually identifying and writing these consequences on the form provided.

A second aspect of step two involves clarification of consequences, usually in groups of three. When this process is employed in couples workshops, each of the partners is asked to write the consequences for the other's goal before seeing or hearing what the partner has written. This is an effective way for each to gain insight and promote communication with the other.

Public declaration. At this point the participants "go public," sharing their declaration with the entire group. This statement before the larger group is important in verifying reality. There is a fear of what others will think. Unless some of that fear is dispelled, action will be nullified. The declaration of a future achievement in a supportive group can help bring objectivity to an idea. If the statement is made as fact, not speculation, confidence in a future reality is achieved, even though everyone knows it is a game. Individuals are creating new self images, which often feel strange and unbelievable. However, the accomplishment of a future goal is virtually impossible until a person can incorporate that goal into his or her own view of self.

Step three: creation of a future history (40 minutes). This is the most creative step in the process. Here the participants are asked to place themselves in the year of their future achievement and *remember* how it happened. They are to construct events in a reverse sequence, thinking backwards to the present from the point of their future achievement. This procedure is contrary to normal planning process. It is usually resisted. However, it is significantly effective in getting one to treat the future as reality. Most often imaginative and creative tactics for the accomplishment of the goal are released. The leader illustrates the method by taking an event which happened within the past year and recounts a year to year history in retrospect through the previous ten years.

Individuals continue to work alone. Participants are cautioned that they will be closely monitored to insure their working from the future to the present. The temptation to start from today and move toward tomorrow is great. A present-to-future linear definition of time is all we know. Working forward in time severely dilutes the creative potential of the exercise. Step three is followed by a clarification of the future histories and a public sharing of the individual histories.

Step four: identification of obstacles and alternatives (30 minutes). At this point the dream has become enough of an objective reality to confront it with realistic concerns. Now the participants will see the obstacles as something to work through rather than insurmountable barriers preventing attainment of a goal. Realistic behavior is encouraged by making participants identify alternative methods to work through a problem. The obvious solution is not always the most successful. Working alone, each participant is asked to consider three obstacles to the attainment of his or her goal and at least *three* alternatives for overcoming these obstacles.

Step five: tactics for achievement of immediate objective (20 minutes). This is the nuts and bolts of realizing the future is now. The present year's event on the Future History form is taken as an immediate objective. Three action steps to assure the accomplishment of this immediate objective within the next year are stated. For each of these action steps, two positive and two negative consequences are identified. Clarification follows.

Step six: outline of the plan of action for the next six months (10 minutes). Here the proactive process is reinforced. Drawing from the tactic sheet each participant outlines their respective immediate plans of action. In a wrap-up session individuals declare their restatement of future goals and plans of immediate action to the group. A date three months hence is set for a report session. This reinforces the need to take immediate action. It must be realized that *the future is happening.*

Conclusion

The Futures Invention process has proven to be a viable medium for facilitating personal growth. The objective directness executed by the leader combined with the subjective involvement of the participants provides a balanced framework conducive to various therapeutic approaches. The creative use of imagination is not dissimilar to that applied by behaviorists such as Wolpe (1958) and Cautela (1971) and the principle of intentionality is identical to that applied by exponents of the humanistic movement. The flexibility of the Futures Invention process is also advantageous in that it may be put to use in many different situations, including its use in individual counseling.

The newness of this model on the guidance and counseling scene limits the availability of follow-up research. Eventually this research will aid in the perfecting of a therapeutic process which is already realizing the future for many clients.

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Addresses: Sally Thomason
Memphis Arts Council
P.O. Box 6482
Memphis, Tennessee 38104

Joe Edward Morris
Timber Hills Mental Health Center
P.O. Box 830
Corinth, Mississippi 38834

Psychodramatic Expansion of the Johari Window

M. Katherine Hudgins and Joanne C. Preston

A recent thrust in therapy is encouraging clients to become more consciously aware of their behavior, thoughts and feeling. This case study incorporates psychodrama techniques with the theoretical Johari awareness model in order to develop such awareness within a group of chemically dependent adolescents. The significance of integrating theory and techniques is demonstrated through increased cohesion, risk taking and intimacy within the group. Therapist characteristics, results of the case study and generalizability of this technique are discussed.

Communication occurs on two levels of awareness and through the use of two channels of behavior. The first level of awareness is when the person sending the message (encoder) and possibly the person receiving the message (decoder) have some conscious understanding of their intentions and emotions which are being transmitted. On the second level both encoder and decoder are unaware of the intentions and emotions involved in the communication. The two behavioral channels of communication are verbal and nonverbal. While it is a rare person who is unaware of his/her own verbal behavior it is often the case that the nonverbal channel, which may have the greatest impact on the message, may be at an unconscious level (Kiesler, 1977).

Currently, there is an emphasis both in research and in therapy to focus on bringing communication to a more conscious level. Much of the theory behind recent therapeutic orientations and techniques specifically emphasizes increasing the level of self awareness of a client's own behavior. The client focuses on his/her emotions and motivations and learns appropriate ways of expressing this awareness.

One specific model encouraging individuals to develop self awareness of their intra- and interpersonal communication processes is the Johari Window presented by Joseph Lufts and Harry Ingram (1955). It was created to "help clarify changes in awareness and openness, as well as changes in tension, defensiveness and perhaps

hostility" (Luft, 1963, p. 8). The goal was to have a model that would stimulate self exploration and encourage the participant to communicate this new information within a nonjudgmental support group.

Luft and Ingram (1955) defined the quadrants of the Johari awareness model placing emphasis on the interaction of the self and others in the process of communication in the following way: (See figure 1)

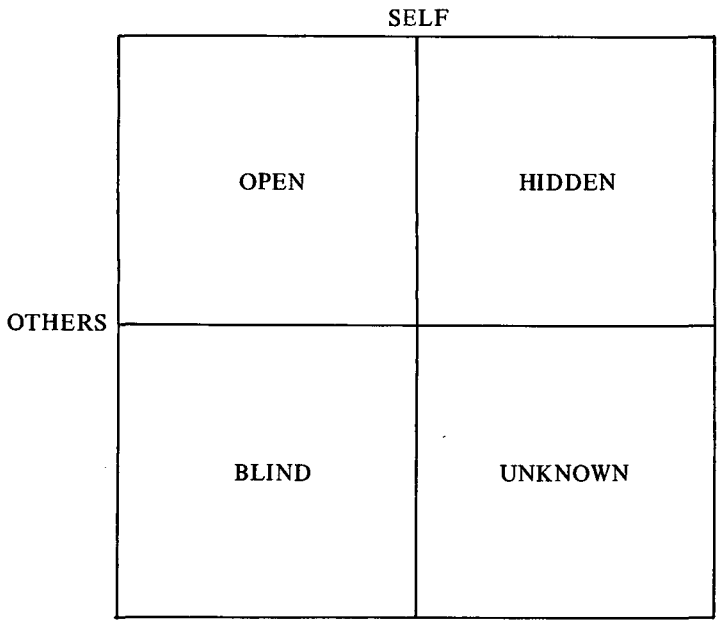
Quadrant 1 is the *Open area*–this is the area of free activity which the individual and others perceive through overt behavior and speech.

Quadrant 2 is the *Hidden area*–this area represents feelings and thoughts that the individual is aware of, but does not readily disclose to others. Oftentimes these messages are transmitted nonverbally outside of the encoder's awareness.

Quadrant 3 is the *Blind area*–this area represents behavior and nonverbal aspects of communication that the sender is aware of on some level, but which is overtly available to the receiver's awareness.

Quadrant 4 is the *Unknown area*–this corresponds to the unconscious mind, which at a given time is unknown both to the self and others.

Figure 1



As originally designed and used in the group context, the Johari awareness model by itself is a static, diagnostic concept. By integrating the theory and techniques incorporated in psychodrama with the basic concepts involved in the Johari Window, the therapist enhances the communicative aspects of Luft's model and allows for greater accuracy in the reciprocal process of communication.

Theoretically, the psychodramatic method views individuals as spontaneous with the innate potential for growth (Moreno, 1973). Personality develops from the emergence of roles which give definition to the individual; first come the psychosomatic roles (eater, sleeper, crier), then the psychodramatic roles develop (fantasy, ideals) with the psychosocial roles (friend, student, worker) emerging. Growth occurs through expanding an individual's repertoire of roles so that the individual is flexible and open. Roles happen in an interaction that focuses on reciprocity of behavior and communication while expansion occurs by risk-taking and spontaneity training. Role perceptions and the actual enactment of behaviors, emotions, and thoughts are inextricably related to the expectations of the group and the individual's behavior, and the individual's behavior and position within that group (Garfield, 1973).

Both the verbal and nonverbal channels of communication transmit the group's expectations to the individual. Beier (1966) focuses on the encoder, who emits a message which creates a pull on the decoder and commands a response. The verbal channel, consisting of the actual spoken words, carries the denotative aspects of the message from the encoder to the decoder. The nonverbal channel, the body movements, facial expressions, and voice qualities, carry the connotative aspects of the encoded message. The connotative aspects are the emotional and relationship meanings included in the message (Ott, 1980).

Kiesler (1977), on the other hand, addresses the decoder's relationship in the reciprocal process of communication. He calls the pull, which the encoded message exerts on the decoder, the "impact." The "impact" message registers the emotional effect on the receiver and determines the affective tone the receiver will return to the sender. Most of the impact occurs from the nonverbal channel (Kiesler, 1975) with its subtle nuances of voice tone or postural changes which usually occur outside of the awareness of either encoder or decoder.

Both the verbal and nonverbal channels need to be integrated to gain complete awareness of how intra- and interpersonal communication occur, and how this interacts with roles and the growth of these roles.

Thus, by using the specific psychodramatic techniques of self presentation, the role of the double and role reversal, the Johari Window can be transformed from a static model into a more powerful, active method of communication. The additional emphasis of the nonverbal channel through action and use of the body will increase awareness in both the affective and relationship aspects of the communication process.

Description of the Technique

In order to translate each quadrant into action, the following technique was used:

Quadrant 1. An empty chair was placed in the center of a circle. One at a time, each group member sat in the chair. The group leader asked the participant to give a self-presentation of aspects of the self that he or she is normally open to sharing with others. Examples of this type of information could include demographic information, occupation, hobbies, or lifestyle.

Quadrant 2. A second chair, symbolizing the "hidden self" was then added, facing the chair representing the "open self." Each member was asked to sit in the second chair and take the double role which includes fears, hopes, behavioral aspects which generally are disclosed only to intimates or not at all. In the role of the double, each group member would address their open self in a one-way confrontation which would aid in the client's exploration of his/her hidden self. For example, the client might make statements such as, "You just sat there and told the group what a high paying job you have. What they don't know is how scared I am that I'll fail, that all my promotions are due to luck."

Quadrant 3. The chairs were removed from the circle and each participant was asked to choose someone within the group with whom they will reverse roles. Reversing roles is the technique by which person A tries to portray person B as closely as possible, incorporating such elements as body movement and speaking style. This allows person B to obtain a glimpse of the Blind Area by observing both his/her verbal and nonverbal behavior as perceived by another member of the group. Person A gives a soliloquy, using the first person pronoun, and includes his/her perception of the thoughts, emotions, and interpretations associated with the role of person B. For example, person A might say, "I am aware of how fast my hands are moving as I talk. I wonder if I feel nervous."

Quadrant 4. Since this area is unconscious, it cannot be presented directly, although in a full length psychodrama, certain aspects of the unconscious often do surface to awareness.

Treatment

This psychodramatic expansion of the Johari Window was used in the second meeting of an on-going group of chemically dependent adolescents. The action techniques fostered risk-taking, openness, and cohesion earlier in the group process than naturally occurs.

When the group arrived for the second meeting, the diagram of the Johari Window was on a movable blackboard. The therapist verbally explained the concepts behind

each quadrant and then had the group move into a circle. The therapist placed an empty chair in the center of the circle designating it as the role of the open self. The therapist role modelled the level of openness and amount of risk-taking by being the first in the group to self-present the open aspects of herself by sitting comfortably and communicating name, address, marital status, family origin, and hobbies. Each group member then voluntarily took the role of the open self and presented those aspects of him/herself to the group. With ten people in the group, this open part took about a half hour.

For the hidden area, the therapist added another chair facing the role of the open self. She designated the second chair as the role of the hidden self and explained that the double role is to communicate the inner feelings and fears, speaking in the first person. After giving the group a few minutes to think about the hidden self, the therapist told them to toss out what had come to mind and to take the larger risk of going deeper into the hidden aspects. Again, as a role model, the therapist took the role of the hidden self and talked to the role of the open self. Unlike the open area, which is freely communicated to the group, this dialogue occurs out loud, but the group is a listener. The members are participant observers of a dialogue that usually occurs only inside the person. Therapist:

> "You know, (own name), you just sat in that open chair and acted like you're always self-confident and comfortable, but what the group doesn't know is that I am often scared that people won't like me, or insecure, wondering what others think."

Each group member then voluntarily came and took the role of the hidden self, self-disclosing fears, actions they were embarrassed about, and even hopes. The atmosphere in the room changed from one of fun and play acting to a feeling of seriousness. Quiet attention became more focused when each group member revealed his hidden self.

Through the risk of self disclosure, the group, both individually and collectively, widened the open area and received confirmation that many of their fears and negative behaviors were universal. This area took about 45 minutes to present.

For the blind area, the chairs were removed from the circle and the concept of role reversal was explained to the group by the therapist. Directions were given to speak and move like the other person and then to try and become aware of the feelings you experience in the role reversal and to share them with the group. A few minutes were given for group members to make eye contact with all members and to decide who to ask to role reverse with them. Even if a member was chosen by one person, they could be asked to role reverse with other members, also.

Since the group's trust level had increased, the therapist asked for a volunteer to start the blind area of self. A group member asked another member to reverse roles and then they changed places in the circle, each assuming the body posture, move-

ments, and style of speaking of the other. The individual who was the auxiliary ego, the person doing the role reversal, sat quietly for a moment, trying to get involved in the experience of the other's role and then repeated several sentences he had heard the individual say when volunteering. From there, the auxiliary communicated the perception within the role, focusing on body movements and sensations. "I am aware that I move my hands awfully fast as I talk. I feel nervous. I want to be open and learn about myself, but it is very scary." At that point the individual watching herself being presented laughed and said, "Right on." Then both members resumed their own roles, and the individual had a chance to state whether the role reversal felt accurate or not. The process continued until all group members had seen their blind areas (time 45 minutes).

Through the verbal and action presentation of the blind area of the self, each group member gained an awareness of the roles she/he exhibits and their effects on others. The sociometry of the group started to become apparent as linkages were established and choices were made between group members in portraying their blind areas. This created greater trust among group members and allowed the therapist to gain awareness of the structure of the group.

Discussion

The major obstacles to using this technique would be time and personal style. The technique has been used both in a long group session and broken up into two sessions with the open and hidden areas presented at one session. The latter method allows for more flexibility with integrating it into various group formats and does prevent any chance of overloading the clients in one session. When the entire Johari Window is presented in one session, the trust level and group cohesion are usually strengthened because not only has each group member self disclosed in the hidden area, but also has established support and links with other group members in the blind area.

Personal therapeutic style that fosters spontaneous interaction, warmth and active involvement with clients is necessary to use this technique rather than a problem-solving or interpretive approach. The goal of the therapy group must be personal growth, awareness and openness to gain the most benefit.

This psychodramatic extension of the Johari Window has been successfully used with adolescents and adults with a variety of presenting problems: alcoholism, adjustment disorders, acting out. It has also been used to improve the ability to communicate within families and marriages.

In conclusion, by integrating psychodramatic principles with the communications focus of the Johari awareness model, the group experiences a greater level of risk-taking, self disclosure and trust. Individually, each group member becomes more aware of both the messages they send to others and their attendant impact, and how accurately they can decode messages. Individuals expand their own awareness of

self and others, including the nonverbal aspects of communication and learn to more accurately and openly relate to others. Fear is lessened as each group member receives confirmation of shared emotions, behaviors and thought, so that the awareness does not only remain cognitive, but is also added to their repertoire of behavior.

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Addresses: Katherine Hudgins
St. Elizabeths Hospital
Psychodrama Section
Washington, D.C. 20032

Joanne C. Preston
Department of Psychology
University of Richmond
Richmond, Virginia 23173

Saying Good-by, an Example of Using a 'Good-by Technique' and Concomitant Psychodrama in the Resolving of Family Grief

Robert C. Kaminski

It is the purpose of this paper to represent how a "Good-by Technique" has been implemented within a family using psychodrama to complete the grief work around a father and husband who committed suicide.

Introduction

A good-by is a difficult part of life. A friendship ending or the termination of a therapeutic relationship all combine the effects of loss and the anticipation of its finality. To say good-by is to separate from a meaningful experience and to take new steps toward continued growth as a person.

It is for this reason that saying good-by becomes one of the most important aspects of the therapeutic relationship. The facilitation of one's saying good-by enhances growth and provides an opportunity for direct expression of emotions. It is the author's opinion that a good-by in treatment can be structured to intensify the patient's feelings about a termination or loss so that this may more effectively be worked on in treatment sessions.

This author has developed a structured technique for saying good-by which consists of three distinct phases that are all dynamically inter-related within the process. The patient is encouraged to elaborate on three specific concerns: (a) What it is he or she has learned or remembers about the other person, (b) To state to the other person whether or not he or she will be missed, and (c) To actually say good-by to one another.

The therapist's role is to skillfully work through the resistance to these specific concerns and to facilitate the goal of the patient saying good-by. It is the purpose of this paper to represent how this technique has been implemented within a family utilizing the modality of psychodrama to complete the grief work around a father and husband who had committed suicide.

The Technique

The "Good-by Technique" is used within the action segment of a psychodrama to enhance and climax a protagonist's struggle with his or her feelings about separation and termination. Its purpose is to facilitate one's direct expression, realization, and acceptance of the loss.

Theoretical Rationale

Family therapy focuses upon the family system. The goal of family therapy is to facilitate open and direct communication within the family system. The purpose of family meetings is to change the inter-relationships within the family as opposed to changing any one specific individual. (Minuchin, 1974). It provides the therapist a re-enactment of ongoing patterns of behavior that occur between family members. (Walrond-Skinner, 1976, p. 52).

The course and duration of treatment will depend upon the overall situation and what the therapist expects to achieve. (Walrond-Skinner, 1976, p. 64). Walrond-Skinner delineates three types of family intervention; acute crisis intervention, brief intervention, and long-term intervention. Each particular strategy will evolve from the specified problem and the goals agreed upon to achieve the desired results.

Starr, a psychodramatist, has effectively used family therapy in conjunction with psychodrama. She reports that the family system is often the only viable means in working with grossly disturbed children whose behaviors and disruptiveness might be sabotaged in other forms of treatment. (Starr, 1977, p. 74). She reasons that the family's need for help facilitates their investment in treatment and their desire for change. Starr views the family system as needing to get help in what she calls, "real life practice—as provided by the psychodramatic experience." She proposes that:

> Work with the family group is directed not only at improved adjustment for the child but simultaneously at the development of new and improved roles for the family. (Starr, 1977, p. 74).

The protagonist must function to explore the chief family difficulties, specifying them and work toward their resolution. When the exploration reaches a concise problem area, the therapist will use the principles of psychodrama in "warming up" the family in working together toward resolving the problem.

A suicide in a family will undoubtedly precipitate many painful feelings for the survivors. Yablonsky notes that:

> Many emotions felt by survivors toward the dead person often remain unresolved and require psychodramatic expression and clarification. An example of this problem relates to a suicide in which the deceased left a vicious

> note for his survivor, loading her with guilt about his death. The dead husband in a peculiar way had the "last word"–and the survivor was left with a painful package of unresolved feelings of guilt and grief. (Yablonsky, 1976, p. 82).

The abruptness of the person's death does not provide the opportunity for dialogue. It is of marked importance that this opportunity is made available to the survivors. Yablonsky sees that the resolution of "unexpressed feelings invariably produces a sense of peacefulness in the people who work out these complex emotions about the death through psychodrama." (Yablonsky, 1976, p. 83). The acceptance of the loss will come about only when the finality of the separation is understood.

Case Illustration–Background Information

Susan B. was referred to the mental health center by her school psychologist because she was becoming a behavior problem. She was easily angered, and at times would become verbally abusive. She did not follow through on school assignments, appeared phobic of school, and was friendless. The school psychologist perceived a need for Susan to explore the possibility of deep-rooted psychological problems which he based on two percipitants:

1. The suicide of her father two years earlier which was one week prior to Susan's birthday.
2. Susan's mother's recent announcement of her engagement–setting the date to remarry one week after the anniversary of her late husband's suicide.

The school psychologist saw that Susan was becoming overwhelmed and unable to cope.

Initial Interview

Susan was accompanied to the clinic by her mother. She refused to be seen alone, having her mother take part in the initial interview.

Susan presented herself as a thirteen-year-old, moderately obese female who looked older than her chronological age. Her speech and ennunciation were poor due to a major hearing deficit. Susan would use her poor hearing to control and manipulate others, especially her mother. For example, when questions about why she was brought to the clinic were asked, Susan would only respond by cocking her head, seemingly not hearing what was said. When her mother brought up her father's suicide, Susan proceeded to turn off her hearing aid. The mother's response to Susan's behavior was that of complete helplessness.

As the interview progressed, Susan became increasingly more obnoxious, recalcitrant, and manipulative. She stated that she would never come back to "this place." She would never talk to the therapist nor would she discuss her father's death. As these responses elicited questions from the therapist, Susan became more defensive. She handled this by tuning in and out of the session. The continued buzzing sound of her hearing aid was heard throughout the interview.

When a treatment contract was being negotiated, Susan became very angry. She refused to acknowledge that she had "any problems." She stated that she did not need to talk of her father's death, screamed at the therapist, and proceeded to run out of the office into a filled waiting room. She continued to disparage the therapist during this time.

Treatment Plan

The treatment plan that was established with Susan focused upon five areas of concern: 1. Avoidance of feelings, especially hurt; 2. Belligerence and negativism; 3. Poor peer relationships; 4. Loneliness; and 5. Unresolved grief around her father's death. Susan was initially seen in six individual sessions. She was then phased into an adolescent group, and as her resistance to discussing her father's suicide diminished, she was seen in family therapy.

The family began therapy two months into Susan's treatment. The members were initially all quite reluctant to attend therapy sessions. The family consisted of Susan, three siblings: Robin, age 19; Janet, age 17; Linda, age 16; and Mrs. B., age 40.

Mrs. B. took much of the initiative describing the events leading up to her former husband's death, and its aftermath. She stated that she and her husband were not getting along and were contemplating a divorce. She mentioned that he was constantly putting the children in the middle of differences between them. She further stated that he "finally killed himself by shooting a bullet into his head." She denied any feelings of remorse occurring at that time and proceeded to meet her husband's wish—which was to be cremated. The children never saw their father after the shooting. There was no funeral and no one in the family was able to say good-by.

Each of the children voiced an open interest to discuss their father's death. They all agreed that the abruptness and the manner in which it occurred left them with many confusing feelings.

A psychodrama contract was implemented with the family. They were advised that each member would have a chance to voice their thoughts and concerns about their father and husband. Each member would say good-by, using the Good-by Technique outlined in the beginning of this paper.

The B. Family consists of a single-parent family and two sibling subgroups; the two older girls, Robin and Janet, and the two younger girls, Linda and Susan.

Robin and Janet were ascribed parental responsibilities in the family and often served as buffers in their parents' conflicts. Robin can be characterized as a strong, compulsive, authoritarian figure who is quite decisive. Janet is more of a loner but is easily influenced by her older sister. She is somewhat withdrawn and appears mysterious. Linda functions in the family to dissipate anxiety usually by joking or changing the subject to innocuous concerns. Susan and her mother have a symbiotic relationship. Mrs. B. does not allow Susan to individuate and Susan in turn is watchful of any nuances of her mother's mood and expresses the family's grief and anger for them.

The Psychodrama and Case Illustration

Psychodrama consists of three phases: 1. The warm-up; 2. The action; and 3. The post discussion. In the case of the B. Family, the warm-up became a discussion of the events leading up to the suicide. The warm-up was followed by each family member taking part in the action (The Good-by Technique). A closing discussion acted as a means of enabling the family to share with one another how they were personally affected.

The warm-up is a means for the director to sense the tone of the group. The B. Family was initially hesitant and resistant to any mention of the suicide. The director must direct the family toward specifying the issue to be worked on. Mrs. B. begins:

Mrs. B: Uh, I know. Linda had told me something about her thoughts afterward. I think we all had them. That he had walked out. Kinda like going on a fishing trip.

Linda: Oh.

Mrs. B: Yes. And there were times when a car would pull up in the driveway and would almost look like her dad. Because we had really never seen him again. It was like he was coming back. I know that I have many dreams like that, that some day he would really come back. To all of us, it was as if he really wasn't dead, that he just kinda left us.

Director: We talked about that last week, kind of wondering whether he will be back.

Group: (Simultaneously state): Yes, we feel that way.

Mrs. B: Does it bother any of you that next week, Thursday, is the anniversary of his death? (Pause). Susan, does it bother you that next week is the anniversary of his death? . . . Next week I will be gone. . . . Next week I will be getting married.

Susan: It just tells me that he has been gone a little bit longer . . . (Susan looks to her older sister, Linda, and tells her, "Shut up, Linda.") Well, Linda, (very sarcastically) does it bother you?

Analysis

The family initially avoided any discussion about the death. Linda viewed the situation as though her father had only gone on a fishing trip. Mrs. B. preferred talking about her up-and-coming marriage rather than discussing her former husband's suicide. Susan, as did others in the family, manifested both anxiety through her intermittent laughter and displacement of anger. On one occasion she told her sister Linda to "Shut up." The director functioned in working through the family's resistance allowing them to engage in a discussion around their misperceptions and distortions of the actual facts. (Text continued)

Director: Two weeks after he killed himself was your birthday?
Susan: Yes. He died on the 14th, and I was born on the 28th.
Director: Two weeks to the day. Where were people when he killed himself?
Robin: I was working.
Mrs. B: I was in the car picking Robin up from work.
Director: So the other three sisters were at home. (Directing question to Susan) What were you doing at that time?
Susan: Sleeping.
Director: So you went to bed around 9:00 PM?
Susan: 8:30 PM!
Director: And you were in the bedroom sleeping?
Susan: I didn't hear a thing.
Linda: Me and Janet. We were the only ones that heard it.
Director: And where were you at the time? (Looking to Linda and Janet)
Linda: In my bed.
Director: Were you sleeping?
Linda: No, just about to.
Janet: (Asking Linda) Well, what happened?
Linda: I just heard him walk into the room, open the door, and then lock the door. I heard a thump. Well, actually I heard a bang at first and then I heard a thump. I got up and Janet was at the bottom of the steps. She was down there yelling. She didn't hear anything, so I went downstairs.
Susan: Then what happened after that? (Appearing very eager to know the facts)
Janet: (Responding to Linda) I wasn't at the foot of the stairs.
Linda: Well, you met me there.
Janet: Yes. I came to the bottom of the steps because I heard something. I didn't know what was going on.
Linda: I thought you heard it.
Janet: I did hear it, but it didn't register. I didn't know what was going o...

Analysis

The director begins to focus the family. He initiates this by obtaining the family's perceptions of the facts leading up to the suicide. In doing so, it is apparent that they had never discussed this matter. Janet, who was home at the time, had to ask her sister, Linda, what actually happened. Susan continued the dialogue by also asking Janet to elaborate. The director allowing the family to talk about the death facilitates an open expression of their feelings.

The scene begins to develop. The B. Family is faced with sharing the final farewells with the deceased. A ceramic container is placed on the table in front of the family. The container is used to represent the urn of the deceased.

Saying Good-By: Janet, Robin, and Linda

Each member of the B. Family was encouraged to respond to the three phases of the Good-By Technique. As they viewed the simulated urn in front of them, Janet, the second oldest, chose to begin. She was followed by Robin, Linda, Susan, and lastly, Mrs. B.

Janet began by identifying the memories she had of her father. Her recurring memory was that she was placed in the middle of disputes between her parents. She told her "father" that "She resented this position." As she spoke of missing her father, she began to cry. She, however, firmly said good-by.

> Robin was more elaborate about her memories. She stated: Well, Dad, the thing I remember most is that you taught me to respect people and that you have to be honest with yourself and with others. You can't lie or cheat because you are only cheating yourself. You can't put your children between problems that you have between you and your wife . . . (continues to pause). In a way, I wish you two had never met. (Beginning to cry). You were not right for each other . . . (Pause) I miss doing things with you: Christmases, picnics, and parties at our house. (Again becoming tearful) I miss you! Good-by.

Director: How do you feel?
Robin: Relieved. I feel at peace with myself knowing where my head is at.

Linda began by sharing her sadness about her father's loss. She initially refused to say good-by. As she was encouraged by others to do so, she began to cry.

Linda: (Sobbing) I'm mad I said good-by.
Director: (Acting as an auxiliary ego). It hurts to say good-by.
Linda: (Repeating this). It hurts to say good-by. (Sobbing uncontrollably).

Director: (After a long pause and very emphatically). How does it feel?
Linda: (Looking up) Relieved.

As Linda continued to cry, her sisters all began to comfort her. Susan gave her tissues while Janet and Robin encouraged her to express her feelings that for so long were dormant. She did so for several minutes.

Analysis

The three examples delineated above demonstrate how each girl was able to express their feelings about their father's suicide. Janet was able to express feelings of anger and resentment. Robin was able to share some fond memories of what she had learned from her father, while also realizing some of his limitations. Linda, who initially refused to say good-by, was eventually able to use the experience for an intense catharsis of her pent-up emotions.

The Last to Say Good-by

Susan and Mrs. B. were last to say good-by. They both appeared to have resisted any initial attempts at identification of their feelings about the deceased. Susan initially handled the situation by reverting back to prior behavior patterns. She became very angry and hostile toward the director. She left a session when she was encouraged by the family to participate. She stated that, "I'm not going to do it." She then proceeded to run from the room in obvious anguish and agitation. It was apparent that both Susan and Mrs. B. needed each other's support. Each was able to facilitate the other's taking the initiative to work through a very painful ordeal.

Mrs. B. begins.

Mrs. B: We had a discussion on the way over today that she would say good-by to her father.
Susan: No, I didn't say I would say good-by.
Mrs. B: Yes, you did.
Director: You did decide on something.
Susan: I was mad at him. I don't know why he killed himself anyway. It's a sin!!
Director: You were both mad and angry.
Susan: Ah, (again sneering) mad and angry are the same thing!!
Director: What was it like, Susan? (Very empathically)
Susan: Sad.
Mrs. B: Susan, just pretend in your own mind that you are having a chance to say good-by to your father.
Susan: I doubt that. It ain't going to be easy.
Mrs. B: Of course it isn't going to be easy.

Susan: I'd rather it was.

Mrs. B: What would you say to him? Say that I was your father and I was sitting here.

Susan: You? You don't even look like my father. I don't know what I would say to him. I'd probably cry. (Susan to the director) You gotta stare? That annoys me! (Director nods). Then why do you do it?

Director: I wonder if it is easier to get angry at me than it is to get angry at your father who killed himself.

Susan: It's easier to get angry at you.

Director: Your father shot himself in the head.

Susan: You didn't shoot yourself in the head.

Director: No, it was your father who did that.

Susan: Why yes, I'm most angry at what he did–for not saying good-by. Stop that staring. It makes people uncomfortable. It makes me want to leave.

Director: So that's how you're feeling right now. You're uncomfortable and you just want to get out of here . . .

Susan: I think a lot of good things about him and a lot of bad things about him, and I know that that's not Dad. I can only speak to the real thing. I don't pretend anything anymore!!

Director: You don't pretend anything anymore.

Susan: No, I don't!! (very angrily)

Director: I would like you to look at your dad.

Susan: That's not my dad!

Director: That's right. It's only a representation of him. I would like you to look at the representation of him. Is that fair?

Susan: Yeah, that's fair . . . Oh this is dumb. Well, okay . . . I remember the things that we did together, you know like fishing and the fun trips that we had . . . talking to you. And the bad things I remember is when you punished me . . . but at least I learned from it. I may be mad at you for killing yourself because it's a sin. But I am also happy for you because you are out of life. And I'm gonna miss you a lot. I'm sure of that. (Beginning to cry) Good-by. (Pause) I don't feel anything.

Mrs. B: Well, you said it. I'm proud of you.

Director: Susan, how are you feeling right now?

Susan: I feel mad at him for killing himself that way. It's a sin. Yeah, I said good-by. It felt sad . . . I think about him almost every day. I don't think that there is a day that goes by without thinking about him. Now it's your turn (turning to her mother) . . . I'll help you.

Mrs. B: There probably were good times. I'm not denying that, but I haven't been able to remember many. He would have.

Director: (Acting as an auxiliary ego) You would have remembered some of the good times. It's hard for me to remember those good times.

Mrs. B: (Repeating the A. E. and breaking down in tears). I can't I can't. (Putting her head amidst her two hands and crying)

Director: (Again repeating the A. E.)

Mrs. B: I can't . . . I can't remember any of the good times. It's very hard for me . . . (Pause . . . Susan looks to her mother, who continues to cry).

Susan: (Acting as an A. E.) It's hard to remember the good times. It's only the bad times that you can remember.

Director: (A. E.) It is very hard to remember the good times.

Mrs. B: (Beginning to sob). It is very hard to remember any of the good times. You always thought that everything was going fine. I always let you think everything was going fine. Well, you finally did it. I hope you are happy now. At least I'm rid of all the anxieties. I just hope you are happy. (Continuing to sob). I just want to say good-by.

Director: Are you going to miss him? You can't say good-by yet. Mention to him whether or not you are going to miss him.

Mrs. B: I think I am going to miss you. (Pause) No, I am not going to miss you!!

Director: (Again alter-egoing Mrs. B.). I am relieved that it is over.

Mrs. B: (Breaking down completely and sobbing) I'm relieved that it's over. (Responding to the director's alter-egoing)

Director: Talk a little bit about how you feel. (Very empathically). Did you think it would be very hard for you to say good-by?

Mrs. B: No, not really.

Director: Was it?

Mrs. B: (Again crying). Yes, mainly because I never talked to John like that. I guess I never . . . told him how I felt. I don't believe I ever did. You really couldn't. He never listened to you. Maybe I needed that. Maybe I just really needed to say good-by to him. Now I can begin to live my life. I for so long carried so much guilt with me. And I know in many ways I tried. He wanted so much pity out of everyone—to feel sorry for him. You had to take care of him. You had to do this. You couldn't walk out on him because he would do what he did. Many times did he sit there . . . especially towards the last . . . with the shotgun up to his chin just letting me know that he was going to do it and

wanting me to turn my head or go into the other room or do something so he could do it. He wanted me to know that he was going to do it and it would be my fault! He did this. He even tried to put the gun in my hand. I just can't miss him!

Susan: I'm happy that you got it all out. And I feel sad too, that you felt that way and that you felt guilty. He did a lot of bad things to her.

Director: Did you know that it was going to be that difficult for your mother?

Susan: Yes. I had an idea.

Analysis

Susan was initially very resistant to following through with the psychodrama. She did numerous things to elicit confronting of her behavior by others. It was very important for the therapist to gradually work through her resistance. She responded quite well to periodic checks from the therapist as to whether or not he was being fair. Once this was confirmed, Susan would become involved and seemed to take pride in her ability to follow through with the task at hand.

Susan's mother, however, had a much more difficult time. She could not share any positive feelings toward her former husband. The tremendous guilt and anger she felt was evidenced in her final comments. Susan was able to intervene in a supportive way when her mother was unable to say that she would miss her former husband. Susan did so in a mature and understanding manner, enabling Mrs. B. to bid her final farewell to her former husband.

Summary and Conclusion

Good-byes in treatment can be structured to heighten the emotional impact and work toward facilitating a catharsis. The use of the "Good-by Technique" delineates three distinct phases of saying good-by. The initial phase makes reference to what is remembered about the other person. This is followed by the second phase which addresses the issue of whether or not the person will be missed. The final phase of actually saying good-by concludes the process.

The B. family was instructed to use this technique in conjunction with psychodrama. The technique was implemented during the action phase of a familial psychodrama and facilitated direct expression, realization, and acceptance of the loss of a family member who committed suicide. Each member helped one another reach this goal. The final farewell of the identified patient and her mother climaxed an emotional release of anxiety and guilt associated with the deceased.

The treatment technique proved to be a useful strategy for the B. family. The implications of the "Good-by Technique" and usages in other forms of

treatment will need further investigation and exploration by clinicians. I have personally found the technique most useful during the termination phase of psychotherapeutic treatment. The patient and therapist who resist this vital phase are immediately confronted with the realization and necessity of separation through their reciprocal responses elicited by the "Good-by Technique."

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Address: Robert C. Kaminski, ACSW
2400 Rochester Road
Canandaigua, NY 14424

Comparison of Rogers' Self Theory and Moreno's Spontaneity Theory

Ella Mae Shearon

The article contains a description and a comparison of the nineteen propositions concerning personality from Rogers' self theory to Moreno's spontaneity theory.

The first part of the article is a general description of Rogers' self theory and of Moreno's spontaneity theory. The second part is a comparison and contrast of both theories. A summary table follows.

During the twentieth century, J. L. Moreno and Carl Rogers have been recognized as two outstanding giants in the field of human behavior. There are striking parallels in many of their basic concepts regarding behavior. This article provides a brief description and comparison of Rogers' Self Theory and Moreno's Spontaneity Theory.

Rogers' Self Theory of Personality

Rogers' theory of personality represents a synthesis of varying views of self-concept theory, including theories presented by Snygg and Combs, Goldstein, Maslow, Angyal, (Hall and Lindzey, 1957, p. 478) and Sullivan. Rogers is himself largely responsible for self theory; however, he was strongly influenced by Raimy and by Lecky's self-consistency theory. (Hall and Lindzey, 1957, p. 478).

Rogers' self theory revolves around the concept of self. His basic theoretical constructs have to do with either the individual, the person, or the self. The self develops out of the total individual's interaction with the environment. The person reacts as an organized whole to the environment in a subjective fashion and selects from the objective world his own private phenomenal field. The self, which is a differentiated portion of the phenomenal field, consists of a pattern of conscious perceptions and values of the "I" or "me." The self strives for consistency in order to maintain the "I."

Rogers' ideas concerning self-consistency can be traced to those of Lecky. Lecky's self-consistency theory purports that the organism behaves in ways that

are consistent with the image of self. According to Lecky, the self image or self picture is a matrix of complicated structures which the organism integrates either on the conscious or unconscious levels. Experiences that are not consistent with the self structure are perceived as threatening, and the organism is resistant to taking on points of view that are inconsistent with ideas already learned about self. The self of the individual introjects as a part of the self the values that other people made about him. It is a subjective process and what the individual *believes* to have been said about him is taken as truth. If the self of the individual has taken on and valued or interpreted a comment or feedback from an "important other" as being negative, then the comment remains negative in his subjective world of reality, that is, as the valuing of the comment was incorporated into the self. The "important other" may have intended the comment to be neutral or even positive but the self integrated and valued the comment as negative. Therefore, in Rogerian therapy, it would be necessary to return to the childhood situation where the valuing and interpretation of comments made by others could be reexamined. What had seemed to be an appropriate mechanism as a child, e.g., developing a pattern of seclusiveness, can now be open to a new interpretation and the self can learn to listen for and incorporate new material into the self system. Rogers points out that in order to change the self construct of self, it is necessary for the individual to recognize for himself the inconsistencies that he has learned to believe about himself and has incorporated into his self-image.

In Rogers' non-directive approach, the aspect of positive regard is a vital principle. The client has taken on the values of others, e.g., those of society and significant others which are basically alien to him, in an effort to obtain positive regard. When the client switches and follows his own values and not those of society, anxiety develops. The client finds difficulty in acclimating himself to the discrepancy between his own values and those of society. In the Rogerian therapeutic environment, however, the therapist provides an atmosphere of complete acceptance and positive regard. The client realizes that he does not have to change his own values to those of the therapist in order to be accepted. He can be the self that he is and still obtain positive regard. Thus, he begins to trust his inner voice and through this trust to develop his inner self and valuing processes.

The theoretical basis of Rogers' Self-Theory is that man is an organism with an inherent tendency to develop in a positive or self-actualizing direction. According to Rogers, Maslow and others in Third Force Movement, the tendency of the individual is to develop positively. Rogers defines psychotherapy as "releasing an already existing capacity in a potentially competent individual." (Rogers, 1959, p. 221). It would thus follow that the task of the therapist is to provide the suitable atmosphere so that the client can work consciously and facilitate his own growth by becoming aware of and working with his inner life forces.

The therapist listens in a special way with full confidence in the inner growth forces of the individual and in a client's ability to become aware of these forces.

In consequence, then, in this accepting environment, the client is able to hear his inner self and discover what he is "meant to be" or his destiny.

The therapist's role is one of facilitator who helps to release the potential in an individual. The therapist serves as 1) a model for the client who is far in his own development and self-actualization process, and 2) as a source of caring and understanding providing positive regard.

The therapist relates to the client as one person to another person. A basic premise in Rogers' therapy is the mutual caring relationship of the therapist and the client. The underlying principles of unconditioned self-worth are that both self and the client are valued, and are ever constant. Thus, since there are no inner barriers, the therapist is able to sense what the client feels at each moment of the relationship. Through this exchange, the therapist is able to experience and communicate his own personal reality as well as the reality of the other.

The therapeutic climate provided by the therapist is one whereby the growth potential of other persons can be released. The therapist operates on the premise that the client is basically self-actualizing, and, in order to develop this potential, needs positive regard from the therapist.

The therapist ideally is well on his way in his own development and self-actualizing process. If the therapist can be transparently real, then the client can begin to discover his own nature and destiny and to unfold in a positive direction.

Moreno's Spontaneity Theory of Personality

Moreno's theory is a triadic system of psychodrama, sociometry, and group psychotherapy. It is based on the spontaneity, creativity concept, and the individual behavior is defined in terms of creative interaction with others. The concept of spontaneity is the underlying theme of all Moreno's works. It was originally expressed by him in "Words of the Father." (Moreno, 1920).

The individual is in a constant state of motion due to the psychological movements of the network of complex relationships. The person is never static and the persons in his social atom are likewise never static. When one person changes his behavior, or, for example, makes a sociometric step away from a pair-bond relationship, adaptation and change are required by both persons in the dyad. That is to say, when one person changes his behavior or inner feelings in a felt sense, then the dyadic relationship is changeable. The response and movement that each person makes in seeking his own balance affects the other person. The change of behavior of one person necessarily requires a change of behavior by the others in the pair-bond dyadic relationship. Since man is in a constant state of disequilibrium seeking balance (homeostatic, sociostatic), a creative movement is required by each individual in the dyad and also the exchange between the two requires an additional form of creativity since it involves an interaction process from one to the other and also what exists of spontaneity-creativity as a third factor between the two people. (Moreno, 1940, p. 209-244). Therefore, the person

is constantly in an interaction process as he relates to others in his life. The scope of his social relationships depends on how widely or how narrowly he can identify with others. Moreno, for example, as a person, had a cosmic identity and his concept of his interaction with others was vast.

Spontaneity is defined by Moreno as an adequate response to a new situation or a new response to an old situation. (Moreno, 1944, p. 45-46). The definition implies that there is a creative flow or movement involved in the person encountering the self or his environment. For example, when the person is confronted with a new situation, he could be motivated spontaneously either to adequate energy or to an anxiety state whereby the energy is immobilized and static. Moreno points out that anxiety is generated because of a lack of spontaneity. Anxiety increases as spontaneity decreases.

Spontaneity is a process that involves thinking, feelings, perceiving, and doing. It manifests itself in bodily change just as anxiety does. In the spontaneous state, the body is motivated and energized–feels authentic "centered," free flowing. The spontaneity process paves the way for the creative act. The creative act (or product) is a function of the spontaneous state.

To be static is unspontaneous behavior. In the process of seeking security, the person often tends to hold on to a static concept and would like to hold the relationship on a fixated level exactly as it was, supposing this would bring him security. Life, however, demands a spontaneous interaction. Moreno believed that spontaneity is necessary in order for the person to survive.

In order to survive one must learn to interact effectively with self, with persons in relations, with the geographical environment, and with the universe. In order to interact effectively one must be able to leave one's role and enter the role of another, or role reverse. Empathy, identification and understanding are achieved through the role reversal process.

If one is to live effectively with others in an environment and surroundings, then role reversal becomes not only a tool, but also privides insight, and the understanding to get one's own needs met as well as the understanding of others in an altruistic sense. It then becomes each person's responsibility to role reverse with others, not only for the survival of self, but also for the survival of others and mankind.

The psychodrama process is based on the spontaneous principle. The warmed-up protagonist comes to the stage to play out his drama, as a part of his life. He is able to explore psychodramatically his relationship with himself, his relationship with others, or his relationship with his environment. Typically, his own private world is explored through the enactment of selected scenes which he has felt more problematic for him. Eventually, through the playing out of the scenes and concretizing the psychological components involved in the scene, such as specific feelings or conflicting parts of the protagonist by the use of auxiliary egos and following this–minimizing the anxiety by escalating the spontaneity, a catharsis

is experienced. This catharsis may be either one of abreaction, insight, integration or a combination of two or an experiencing of all three. In addition to the normal catharses, a catharsis may be produced by simply playing out of information from the unconscious level. Moreno defined the psychodrama process as a process of "doing, undoing, redoing." (Moreno, Note 1).

His view of changing the self or behavior involves an action playing out of the old idea of the self and replacing them with new ideas. For example, in a person's social and cultural atom, major changes may have occurred. This magnitude of change requires a magnitude of spontaneity. When the person cannot summon sufficient spontaneity to meet the changes, disequilibrium occurs. These disequilibria have reciprocal effects in that they throw other persons out of equilibrium at the same time. If the range of disequilibrium is very great then there is a great need for catharsis. "Catharsis begins in the actor as he enacts his own drama, scene after scene, and climaxes the moment when its peripety is reached." (Moreno, 1946, p. 16). Catharsis was to Moreno the highest point of spontaneity.

The psychodrama process provides a means of overcoming the disequilibrium as larger and larger portions of the organism are brought to play, pathological tensions and barriers are swept away, true naked feelings emerge, blocked energy is released (catharsis). There is a revitalizing allowing new energy to evolve and finally a reenactment. Through this process the protagonist is now in the position to deal more adequately and spontaneously with the problem situation. (Moreno, 1940, p. 209-244).

The protagonist is generally the sociometric choice of the group. This means that the group members have identified with this person in some way and that they are spontaneously activated to help the protagonist and themselves through the person's playing out of inner feelings in scene presentations. By the use of other psychodramatic techniques and the playing out of the scene, the action is brought to a catharsis and eventually to a solution of more effective behavior.

The group is prepared to invest their energy, their experience and their skills as fellow partakers in life's experiences. The protagonist, in a sense, is an ego extension of them, as they are indeed of him. When the protagonist triumphs, then they do also. They rejoice with him in his newly found freedom. When he experiences a catharsis, an insight, a burst of energy, it is reflected in the group. The group is interwoven together with the protagonist, and the therapist in a birth process. They are giving birth to new life and stripping away the old dead cultural conserve layers of behavior that are no longer effective. (Moreno, 1940, p. 209-244).

Moreno feels that the therapist's success in the psychotherapeutic process involves not only the correctly chosen and applied psychodrama approach or technique, but also the therapist's experience of self as a person and the "tele" (Moreno and Moreno, 1944, p. 45) between him and the insight into and appreciation and feeling for the actual emotional biological and chemical makeup of

the other person. (Moreno, 1959, p. 3-13). Tele, specifically defined, is a true basis of interactions between humans; it is the process of action between individuals—a process by which one sees into the actual attributes of the other and reflects the correct intuitive estimate of the other. The key word is reciprocity. Moreno explains tele as more than just reacting to other people—it is a co-acting with other people. (Moreno, 1959, p. 3-13).

The basic telic relationship is necessary for a wholesome therapeutic relationship between therapist and patient—the therapist relates to the patient not as one who possesses the correct information necessary for therapy, but rather as a human being who experiences self and observes self at the same time. He may be the possessor of various styles or therapeutic techniques, but he is himself, basically. The success of the relationship between the therapist and patient depends on this human element and the other's reaction and coaction to him; and in turn, the therapist's reaction and coaction to the other individual.

There is no hierarchy existing in the patient-therapist relationship—just two human beings interacting, one of whom has the skill to be of assistance to the other, and the therapeutic effect may move in either direction, that is, the therapist as well as the patient may invest in the relationship with emotional needs of his own.

Comparison of Rogers' Nineteen Propositions Concerning Personality with Moreno's Spontaneity Theory

The following section compares, interprets, and offers a summary chart of Moreno's Spontaneity Theory with the Nineteen Propositions concerning personality as set forth by Rogers. (Rogers, 1951). Rogers' basic proposition is first stated and then interpreted. Following is Moreno's comparative or contrasting view or concept, as it relates to Rogers' basic proposition:

1. *Rogers:* "Every individual exists in a continually changing world of experience of which he is center." (Rogers, 1951, p. 483).

   Experience includes everything that is going on in the individual at any given moment, both on the conscious and unconscious level. Each person lives in his own world of experience, in a world that is changing from day to day. He is at the center of this changing experience and his private world is known only to himself. Only a very small portion of experience is consciously perceived. Rogers believes that consciousness is that which can be symbolized. It is a part of the phenomenal field although the background is mostly unconscious. The unconscious is capable of becoming conscious when the need arises. The personal phenomenological field can only be known "in any genuine and complete sense" to the individual himself.

Moreno's concept is that each has his own experience of the world in which he exists. His world and his truth are known to him only. This private world of reality

can be portrayed on the psychodrama stage with help of auxiliary egos who play actual or imagined roles required by the protagonist. Through the playing out of the protagonist's private world he can learn a new direction and acquire new roles. When the protagonist is in the creative-spontaneous flow of energy and is acting or playing out his own conflicts based on his life drama, the co-unconscious emerges and he is tuned into experiences that have long since been repressed, but now he has access to them through the psychodramatic playing out of his life situations. All conscious symbols can be symbolized on the stage and through the playing out of these symbols on the stage, one has access to the unconscious.

2. *Rogers:* "The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality." (*Ibid.*, p. 484).

Whatever the individual thinks or perceives is true, whether it is actually true or not, is reality to him and how he behaves depends upon his own subjective reality. It is the individual's perception of reality that is reality for him.

Moreno operates on the premise that the person exists in his own world of private reality as he personally experiences and perceives it. Psychodrama is played out according to the protagonist's subjective perception of self and others. In order to come into contact with objective reality, subjective reality must first be played out. Included in the private world of the individual are his fantasies which continue through the psychological lifetime of the person. The so-called reality context plays only a small role. Moreno explains that there are no immutable psychological laws which determine the structure of individuals in a set fashion. Psychodramatic theory is based on spontaneity.

3. *Rogers:* "The organism reacts as an organized whole to this phenomenal field." (*Ibid.*, p. 486).

Rogers feels that the individual organism reacts as a whole and has a tendency toward total or organized goal-directed responses rather than a stimulus-response behavior.

Moreno views that the person reacts to the other according to "tele" that exists between them and according to the individual's incorporation of the psychodramatic, social and psychosomatic role structure in his given sociometric world. (Moreno, 1946).

4. *Rogers:* "The organism has one basic tendency and striving to actualize, maintain, and enhance the experiencing organism." (*Ibid.*, p. 487).

Rogers borrows this concept from Snygg and Combs. Similar ideas are also found in Maslow's writings. The basic premise is that the organism develops or actualizes in accordance with his heredity and that the organism becomes more differentiated, more autonomous and more socialized with maturation. There is a forward movement and ongoing tendency in each person's

life. This self-actualization process is the single motivating force and goal of life.

Moreno has a similar viewpoint. However, whereas Rogers used the concept of self-actualization as a basic premise, Moreno uses the concept of spontaneity-creativity. He describes the individual as being basically spontaneous and striving toward creativity. The underlying concept of growth and striving is implicit in Moreno's work as well as in Rogers' work.

5. *Rogers:* "Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived." (Moreno, 1946, p. 491).

This premise illustrates that needs are basically related. The individual is motivated to meet a present need. Motivation exists primarily in the present. One's reactions are in accordance with his own perception of reality as he personally experiences it.

Moreno operates on the premise of dealing with behavior in terms of "here and now." As a therapy, psychodrama scenes, whether past, present or future, are played out in terms of actually occurring in the present moment. In therapy, the therapist begins with what the protagonist perceived to be his need at the moment, and, through the playing out of the psychodrama, and the spontaneity process, the perceived need of the individual is in a process of change.

6. *Rogers:* "Emotion accompanies and, in general, facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism." (Rogers, 1951, p. 493).

When the individual is motivated toward goal-directed behavior, there are accompanying emotional reaction factors which the personality tries to integrate. One factor is the kind of emotion that comes in seeking aspects of behavior. The accompanying emotional factor here can be excitement and related factors could be unpleasant or dissatisfaction. On the other hand, the emotional factor related to the consumatory aspects of behavior could be calmness or satisfaction according to the organism's perception of the importance and meaning of the situation. This perception will determine the intensity of the organism's emotional reaction.

Moreno recognized that emotions accompany goal-directed behavior. These emotions are played out by auxiliary egos who represent the roles. The intensity of the portrayal is in accordance with the individual's/protagonist's perception according to the emotional meaning that the situation has for him.

7. *Rogers:* "The best vantage point for understanding behavior is from the internal frame of reference of the individual himself." (*Ibid.*, p. 494).

Rogers places emphasis on the self-report experiential approach as a means of understanding behavior. The similarities and counterparts that the therapist shares may serve as a vehicle to infer behavior. However, the best source is the self-report feeling from the client.

Moreno generally accepts this internal frame of reference concept as valid, with qualifications, but uses the technique of doubling as a means of support and self-clarification for the protagonist. Through the double, the protagonist is engaged in an introspective conversation with himself. The double plays a trained therapeutic role by helping the protagonist to come to a deeper understanding of himself and helping him to be able to verbalize hidden feelings and arrive at another set of feelings about himself.

8. *Rogers:* "A portion of the total perceptual field gradually becomes differentiated as the self." (*Ibid.*, p. 497).

Rogers asserts that what emerges as the self is selected and differentiated from the total field. The aspects of the total field which influences one, have to do with the self that is formed. This is based on the concept of what one perceives as important and meaningful to him, that which is selected from the total field and internalized by the person, thus creating the self. This phenomenological view of self is one supported not only by Rogers, but by phenomenologists such as Combs, Snygg and Richards as well.

Moreno looks rather at the self in terms of roles that have emerged. His role theory purports that personality or self is formed by the psychosomatic, social or psychodramatic roles. He uses the methodological approach to study the personality and points out that with roles, the therapist can concretely examine the varying parts of the personality that have been acquired by the individual.

9. *Rogers:* "As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed–an organized, fluid, but consistent conceptual pattern or perceptions of characteristics and relationships of the "I" or the "me," together with values attached to these concepts." (*Ibid.*, p. 498).

As the baby begins to distinguish self from the environment, he begins to acquire the conceptual pattern of personality, identity and a conception of self in relation to environment. There is a valuing of the experience, both positive and negative, of this organized self. The experiences that are considered positive and negative are thus organized into the picture of the self-structure and with the self in relationship to the environment.

Moreno's concept of self or personality is defined in terms of learned roles. In the learning of psychological roles, positive and negative roles are acquired. Psychodrama is a process of "doing, undoing and redoing." (Moreno, Note 1).

Negative roles can be changed through the learning of new roles in psychodramatic experience. The new roles are re-valued and positive roles can be integrated.

10. *Rogers:* "The values attached to experiences and the values which are a part of the self-structure, in some instances, are values experienced directly by the organism, and in some instances are values introjected or taken over from others but perceived in distorted fashion, as if they have been experienced directly." (Rogers, 1951, p. 498).

The true values and feelings which one has as a part of self-structure may be at odds with the values that significant others teach and transmit to him. For example, a young child may perform an act which brings him pleasure but which evokes a negative response from his parents. The self-structure is thus in conflict as to what to accept and believe about the self. If he accepts his own value that what brings him pleasure is good and consistent with the self, then this value is in opposition to his parents' evaluating and valuing of his behavior. A conflict thus exists between the introjected parental values and his own genuine unconscious values. The result may then be the conglomeration or mixture of his own values and of introjected values, often with an accompanying distortion and confusion.

Moreno recognizes the discrepancy between the acquisition of values from significant others (social roles) and the values that come from one's natural tendencies on the desire to attain what brings one bodily pleasure (psychosomatic roles). There is a further discrepancy between psychosocial role expectations and psychodramatic roles which include one's fantasy roles and situations in which one envisions the self. This realm often serves as an escape from the struggle between the psychodramatic role conflict with psychosocial roles. Through psychodrama therapy, roles and conflicts can be clearly and concretely symbolized and played out or brought out on the stage through the use of trained auxiliary egos who portray or symbolize the protagonist's intrapersonal or interpersonal role conflicts.

11. *Rogers:* "As experiences occur in life, they are either:
    a. symbolized, perceived and organized into some relationship to the self;
    b. ignored because there is no perceived relationship to the self-structure;
    c. denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self." (*Ibid.*, p. 503).

The value acquisition of the individual is acquired through experiences which are directly perceived by the self. This phenomenological view states that perception is selective and that the values which one incorporates or internalizes depends greatly on what aspects one can identify with that

are consistent with the self-structure that one has at the given moment. When experiences are consistent with the self-structure, they can be integrated; however, when experiences are not consistent with the self-structure, these experiences are given a distorted symbolization or a denied symbolization, or they may be ignored because there is no perceived relationship to the self-structure.

Moreno's concept of the self is that the self or personality is learned through roles that have been sociometrically assigned, and roles that one has incorporated into the self-structure. The roles are manifested on three levels:

a. psychodramatic,
b. social,
c. psychosomatic.

Roles are integrated and incorporated on all three levels, but the taking on of roles is in accordance with readiness and what one is able psychodramatically, phenomenologically, and perceptually to integrate. If there is no perceived relationship to the self-structure, then the role will be less meaningful and will be of less importance. When roles are inconsistent with the self-structure, then there is less integration of the role.

12. *Rogers:* "Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of the self." (*Ibid.*, p. 507).

As referred to earlier in this article, Rogers was influenced by Lecky's self-consistency theory which purports that the individual incorporates self-concept constructs on the unconscious level and remains true to these incorporated beliefs about the self. He resists taking on values that are inconsistent with what he has already learned about himself, particularly those values learned during the early formative periods.

Moreno looks at this in terms of learned roles e.g., when the person has learned false roles or is fixated on a negative unproductive pattern of a role behavior. Through the spontaneity process a person can, however, learn new roles. The catharsis brings about new insight and new roles are tried out in psychodramatic action. A positive reinforcement such as role training is often used in the learning of a new role. Extensive spontaneity training and new learning can aid the protagonist in gaining new roles, and changing an old self-concept image.

13. *Rogers:* "Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsistent with the structure of the self, because in such instances the behavior is not 'owned' by the individual." (*Ibid.*, p. 509).

This proposition is a continuation of the self-consistency concept. There are certain behavioristic ways of acting that one cannot accept about the

self. Thus, he cannot own or accept the behavior as part of him. He negates the behavior and denies that it is a part of the self-structure.

In Moreno's theory, inconsistencies between what one does (observable acts) and what one believes about the self can be maximized and dramatized through the "mirror" technique. In this technique, the protagonist or central figure's role is played by an auxiliary ego who sets or shows and plays out on the stage through dramatic mirror technique inconsistency in the behavior of what the protagonist perceives about himself and also the observable actions of his behavior as the auxiliary ego perceives the protagonist to be. In this way, the protagonist must "come to grips" with his behavior and may choose either to organize, integrate and accept the old behavior or to accept parts of it, or to build and create a new behavior pattern which is consistent with his new self-concept structure.

14. *Rogers:* "Psychological maladjustment exists when the organism denies the awareness, significant sensory and visceral experiences which consequently are not symbolized and organized into the Gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension." (*Ibid.*, p. 510).

This dichotomy between self and organism produces maladjustment, tension and confusion. The self and the organism must learn to work together; thus the personality can actualize itself if the experiences are true to the real self.

Moreno's concept of psychodrama produces an atmosphere where dichotomies, confusions, tensions, and maladjustments can be concretized and dealt with or coped with, and through the appropriate phases required in the classical psychodrama process, one can learn to understand better, integrate, and accept and solve self-conflicts and gradually learn to be more spontaneous.

15. *Rogers:* "Psychological adjustment exists when the concept of the self is such that all sensory and visual experiences of the organism are or may be assimilated on a symbolic level into a consistent relationship with the concept of self." (*Ibid.*, p. 513).

When the individual is able to integrate his perceptual experience on a level that is consistent with his self-image, then there is a reduction of inner tension and a psychological adjustment now exists.

Moreno says that the psychodrama experience can be a process of comparing one's own self-perception with the perception that others have. There may be a discrepancy or there may be a consistency of perception. The self-other perception comparison obtained through role reversal and feedback is a means whereby the protagonist could eventually arrive at integration and consistency of perception. At this point, there is a reduction of inner tension and a psychological adjustment is made. The perceptions may eventually be integrated together.

16. *Rogers:* "Any experience which is inconsistent with the organization or structure of the self may be perceived as a threat and, the more

of these perceptions there are, the more rigidity the self-structure is organized to maintain itself." (*Ibid.*, p. 515).

There is a general tendency of the organism to maintain itself on its balance and equilibrium. Experiences of perceptions that are foreign to one's self-structure are a threat to self-maintenance since a new set of perceptions would have to be dealt with and integrated. When there is a large quantity of perceptions and experiences for which one has not yet developed self-structure that can relate to this newness, then there is a tendency for rigidity to develop in order to maintain the self.

Moreno points out that there is a general tendency of the organism to seek balance both within the self and within relationships, (homeostatis and sociostatis). What or how much one is able to incorporate and integrate on the psychological reality level in intrapersonal and interpersonal relationships is dependent on one's success in social and psychosomatic roles, and in particular, on the psychodramatic fantasy level where one may imagine being in particular circumstances or situations with a particular partner, and appearing a certain way. This fantasy (imagined self) is a strong operational force and is the subjective life drama which is a form of reality. Moreno's concept is similar to Rogers' perception and phenomenological ideas in that what one incorporates into the personality depends on the protagonist's world, imagined self, and the actual or imagined personae of life drama. The psychodramatic level protects and builds defenses when experiences and perceptions are foreign to the individual's self-maintenance structure. This rigidity is further developed on the psychosomatic level where the anxiety or threat is manifested in blocked energy in the body.

17. *Rogers:* "Under certain conditions involving primarily complete absence of any threat to the self-structure experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences." (*Ibid.*, p. 517).

When there is an absence of threat, the self-structure may integrate foreign or inconsistent experiences. Change in the personality comes about when the new experience, previously inconsistent and foreign, can be integrated.

Moreno points out that throughout the psychodrama experience, starting with the warm-up to the problem and developing through the enactment, catharsis and integration, the protagonist has the opportunity to explore the problem thoroughly and, ideally, can now integrate the once foreign or inconsistent experience on a new level without threat to the individual. The ability to integrate the foreign and inconsistent experience is strengthened in the reenactment scene through doubling or a variety of techniques such as future projection scene.

18. *Rogers:* "When the individual perceives and accepts into one consistent and integrated system all his sensory and visual experiences, then

he is necessarily more understanding of others and is more accepting of others as separate individuals." (*Ibid.*, p. 520).

When one is open to his experiences without rigidity and threat, he is more open to the understanding of others. When his energy is not blocked to himself or others he is thereby provided with the opportunity for better interpersonal relationships.

Moreno's concept refers to the homeostatic-sociostatic balance theory and role theory. When the individual is open to experiences on all three levels–social psychosomatic, and psychodramatic–then he can integrate experiences without threat–be more open to himself and to tohers also. This process of integrating the new experiences to the self-structure may be done to good advantage by using the technique of doubling, thereby allowing the protagonist to explore himself.

The natural acceptance of self leads to an acceptance of others as is well documented by self-concept theory. (Combs, 1962). Moreno's concept of role reversal enables the protagonist to accept others and to develop empathy for others. A role reversal at a deep level requires enough stability with oneself to be able to remove oneself from oneself and to do a deep role reversal with another.

Moreno points out that "anxiety is provoked by a cosmic hunger to maintain identity with the entire universe." There is dread and fear of those with whom he cannot reverse roles. (Moreno, Monograph, 1958, p. 121). Since the individual's relationship with others is being created between them and their telic co-action with one another–the other, or a part of the 'other,' is actually the self. To know the self one must know the other. Not to role reverse is not to know yourself. Moreno pointed out that one criterion of a healthy relationship was that each would be able to change roles correctly with the other in a given situation. Through true spontaneity this is possible.

19. *Rogers:* "As the individual perceives and accepts into self-structure more of his organic experiences, he finds that he is replacing his present value system–based so largely upon introjections which have been distortedly symbolized–with a continuing organismic valuing process. (*Ibid.*, p. 522).

According to Moreno's theory, as a person learns to role reverse, he becomes empathically aware of others and the universe and is more and more open to a cosmic identity. This openness or awareness is a process of self-acceptance without threat and a willingness to experience through role reversal the perceptual awareness system of others. The nature of the role reversal concept leads to a continuous creative interaction process and encounter. In true co-creative interactions, role reversal and responsibility to role reverse are implicit. Creativity is not static but requires a process of interaction. As one becomes more creative, his expansion and awareness of others is greater, thus producing an ongoing value system rather than a static one.

A COMPARISON OF THE TWO THEORIES

Rogerian	*Psychodrama–Moreno*
1. Therapist is aware of himself as a person which is a very important aspect in the therapist-client relationship. The therapist's self-concept, self-ideal, role models, and values are involved in the therapeutic process as well as the client's self-concept, etc. are involved in the therapeutic process.	1. Psychodrama provides a means of analyzing and playing out the therapist-protagonist relationship in the following ways: a) therapist as a person b) interaction between the therapist and the protagonist c) the protagonist as a person d) the therapist-protagonist relationship as others perceive it. e) the therapist-protagonist relationship as they perceive that others perceive it.
2. Since the therapist's personality is primary in the relationship, it is important to explore 1) his or her perception of him/herself, 2) his/her perception of the client, and 3) his/her perception of the interaction between the client and himself/herself.	2. Psychodrama provides a means of looking at the perception of the self, non-verbally and verbally. Both are presented through spontaneous action and movement. Spontaneity and tele are primary to the relationship between therapist and the protagonist.
3. Therapeutic change for Rogers is facilitated when the psychotherapist is authentic and open.	3. The psychodrama director presents himself as a human being with feelings flowing between him and the protagonist in telic interaction. Likewise, there is telic interaction between the director and all players. Therapeutic change comes about through the total spontaneity process.
4. The problem is worked out through the therapist-client therapeutic dyad or group situation.	4. The problem can be acted out in a therapeutic dyad (director-protagonist) psychodrama *a deux* but it is usually a group situation.

Rogerian	*Psychodrama–Moreno*
5. The therapist reflects a warm, permissive non-threatening attitude and has unconditional positive regard for the client.	5. The director-therapist spontaneously accompanies the protagonist through the acting-out of scenes. Personality interaction between the director-therapist and the protagonist or between the auxiliary egos and the protagonist depends upon the telic emotional affect of one to the other.
6. Self-actualizing tendency exists for both client and therapist. Growth energy from within.	6. Spontaneous interaction, creativity and co-creativity in relationships with others in one's social atom and sociometric network identity.
7. The influence of the "important other" on the client's phenomenal field is "tried out" in society after the client has integrated new learning. Society later comments on the new behavior.	7. Personal life drama of the protagonist is what is important. "Other reality" comes from the audience and auxiliary egos. The protagonist integrates "other" reality with his own "inner" reality and tries this out on the stage and then later in society.
8. Client is in focus. The therapist reinforces and encourages the client's inner feelings.	8. The protagonist is on center stage. He gains feelings of importance as the main figure and gets reinforcement to play out his inner feelings from the group.
9. The client's phenomenological experience is his reality.	9. The protagonist's psychodramatic experience is his reality.
10. Self-concept is a central theme in Rogers' theory. The positive regard of self and the positive regard of others is a therapeutic goal.	10. What one believes about the self can be dramatized and through this dramatization spontaneity can be brought about. Self-concept can be changed through the playing out and learning of new roles.
11. Self direction results.	11. Self direction results with expanded spontaneity and new roles.

Rogerian	*Psychodrama–Moreno*
12. Individual freedom of choice is inherent in Rogers' therapy.	12. Protagonist learns to choose creatively and to take responsibility for choices. Awareness of acceptance and rejection, choice of expanding out, role reversing, sociometric network and movement, broaden the protagonist's horizons.
13. There is an encounter of the client in time and space–both can experience a "unity of experiencing" and "out of this world quality."	13. The encounter exists through tele, role reversal, doubling and mutual triumphing of the protagonist, therapist and group members.
14. Cosmic identity.	14. Cosmic unity and integration.
15. Positive regard is provided by the therapist and ultimately integrated into self.	15. Protagonist learns to see the self and others clearly–through telic interaction, the role reversal process, doubles, auxiliaries, mirroring and the audience feedback.
16. The therapist serves a similar function as a double or auxiliary ego in that he summarizes, reflects back information and affirms the self of the client. Since the therapy is based on the dyadic relationship, transference can occur. Likewise the therapist may serve as an identification model figure.	16. The doubles and auxiliary egos are played by several group members. The problem of transference to the therapist is thereby greatly reduced. Therapy for the protagonist is based on the group process.
17. The telic relationship or "emotional tone" exists between client and therapist.	17. Tele is established not only between the protagonist and therapist but among the players of the whole psychodrama group
18. The patient becomes aware of his feelings and learns to value the self and to be in touch with his inner feelings.	18. There is a concrete awareness of and expression of feelings. The protagonist is in a state of expressing his feelings in action through the spontaneous playing out of his drama.

Rogerian	*Psychodrama–Moreno*
19. There is an affirmation of client's self through the positive regard of therapist. The affirmation sometimes enables the client to disagree with what he himself has just said and to take the opposite point of view.	19. There is an affirmation of the self through the protagonist's presentation of the self on stage. Affirmation and acceptance from the group gives the client the courage to be himself and to gain self-acceptance and the courage to make his own choice or choices.
20. The therapist must have own identity. Acceptance of self as a person and a therapist is an important aspect of the therapist-client relationship.	20. The director's own spontaneity and creativity facilitate the spontaneity and creativity for the protagonist, the auxiliary egos and group members.
21. The therapist uses reflective questions as a therapeutic tool.	21. The emphasis is on action. Various techniques including role reversal, doubling and the mirroring technique are used as part of the therapeutic process.
22. Physical movement such as usual body movement is used as non-verbal cue source.	22. Physical movement and other action techniques are a very necessary part of the spontaneity-creativity process.
23. Rogers' theory is a self-integrative-biosocial theory. His is not a developmental theory.	23. Moreno's theory is a psycho-individual-psychosocial personality theory. His personality theory is based on the individual therapeutic and group psychotherapeutic approach. His is a developmental theory.
24. Empathy is achieved through cosmic identity established by a positive therapist-client relationship.	24. Spontaneity/creativity and tele are achieved through role reversal, doubling, and through the whole psychodramatic action process.
25. Emphasis is on experiencing and developing self through value change and self-concept change. Afterward this is tried out in society.	25. Emphasis is on experiencing and developing self. Self-concept change comes through actual enactment on the psychodrama stage. Self and the group are mutual functions of the other.

Rogerian	*Psychodrama–Moreno*
26. Prizing the inner self, the inner feelings and inner goals–learning to listen and trust the inner self.	26. Prizing the inner self and inner feelings as they are reflected in the protagonist's psychodramatic world are emphasized. The group is used to have reality validated.
27. The therapist and the client are composed of one unity of experiencing and reflect for one another their own positive feelings about self and humanity.	27. The therapist and protagonist play meaningful auxiliary roles for each other, but also other group members play auxiliary roles as an extension of the protagonist's reality world. The director plays an auxiliary role of accompanying the protagonist and playing the energizer and activator. The therapist is an extension of the protagonist's psyche and plays this out with psychodrama tools, methods and techniques.
28. The client has more awareness of his feelings.	28. The protagonist and the group have more awareness of their feelings.
29. The therapist reflects the feelings of the client and his own feelings as well.	29. The double facilitates the protagonist to more fully experience feelings. The therapist and auxiliary egos accompany and reflect the feelings of the protagonist and express their own feelings as well.
30. Self disclosure of the self is focused on existential alienation and/or societal judgment are minimized. Rogers works from a base of existential theory.	30. Through the sharing process of mutual identification self disclosure of the group is focused upon. Psychodrama is existentially founded.
31. Rogerian has less facility to implement the non-verbal aspect of the client's behavior, that is in an active playing out of these aspects, although it is an operational factor in the therapist-client relationship.	31. The non-verbal aspects of the protagonist's behavior is an important part of the therapeutic process. The psychodrama emphasizes non-verbal feelings and gives verbal expression to non-verbal aspects.

Rogerian	*Psychodrama–Moreno*
32. The feedback process is between the therapist and client.	32. The feedback process involves a variety of persons, the director, auxiliary egos, doubles and the group-audience.
33. Physical movement for pretraining of new ideas about the self is not emphasized.	33. Role training produces lifelike situation and is physically acted-out.
34. Deals primarily with mental perception.	34. Incorporates mental, interpersonal, and physical orientation.
35. The persuasion aspect exists. Client believes that through the therapeutic process something positive will happen.	35. The persuasion aspect exists. Client believes that through the therapeutic process something positive will happen.
36. There is a feeling that exists between the therapist and client so that the feeling of the client's isolation is removed.	36. There is a group "we" feeling. The group is motivated and activated in working together and focusing on the protagonist to delete feelings of rejection or isolation.
37. The client and the therapist experience the heights of emotion, both pain and pleasure, more intensively.	37. The protagonist, the director and the group experiences both pain and pleasure more intensively.
38. A safe therapeutic climate is provided so that further exploration can take place.	38. A safe therapeutic climate is provided so that further exploration can take place.
39. The therapist serves as a model and facilitator.	39. The therapist serves as a facilitator, catalyst, guide, sociometrist.
40. Non-judgmental approach by the therapist.	40. Non-judgmental approach by the therapist and the group.

Rogerian	*Psychodrama–Moreno*
41. The client expands and has a new interpretation of roles. He is somebody and has feelings.	41. Same, but it is achieved through movement, action and the therapeutic aspects that are involved in the psychodramatic method.
42. Positive acceptance of self and others is encouraged. Trust to the inner aspects of the self.	42. Behavior is both encouraged and discouraged.

Summary

The main theme of Moreno's spontaneity theory revolves around spontaneous/creative psychodramatic playing out of the protagonist's actual or imagined life drama. Throughout Rogers' work one central theme is found–the self. Rogers purports that most of the individual's ways of behaving are consistent with the concept of the self. The self-actualization tendency of the self is a forward movement and tendency of growth. That the self is in a positive on-goingness of creativity and growth rings clear as a bell of optimism for Rogers.

Both Rogers and Moreno depict an open, free and democratic view of the therapeutic relationship. These two creative thinkers and doers challenged us to explore the wider horizons of creativity and creative growth within ourselves as well as in the therapeutic setting.

Moreno has laid the seeds with his personality theory, and as he envisioned, his ideas have gained and are gaining credence in the U.S.A. as well as Europe and other areas. Rogers' theory is still changing and not yet complete. The freedom in his ideas will doubtless continue to flow in a stream of being and doing with others.

The imagination, creativity, hope, and inspiration that these two men have afforded us should give us the courage to face the future with our own spontaneity as it evokes a counter-spontaneity in others.

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Address: Ella Mae Shearon
Institut für Psychodrama
Brunnenallee 30
5303 Bornheim-Roisdorf
West Germany

Forty-one Years of Psychodrama at St. Elizabeths Hospital

Dale Richard Buchanan

The article begins with a brief overview of the first twenty years of psychodrama at Saint Elizabeths Hospital which was extensively reviewed in Overholser. W. & Enneis, J. M. "Twenty Years of Psychodrama at Saint Elizabeths Hospital." Group Psychotherapy, *1959, 12(4) 283-292.*

Treatment, training and consultative adaptations of psychodrama are presented. Of special interest are the adaptations of the method to various psychiatric populations. A history of the stipended year-long training program is given. A summation of some of the training highlights provided by the Section to law enforcement agencies, Peace Corps, U.S. Probation Office and sundry mental health agencies is included. Future trends are predicated. There is a bibliography of publications written by SEH psychodrama staff and trainees. pendixed.

*Historically, Saint Elizabeths Hospital's policy has been to encourage research, to test new ideas, and to provide a testing ground for new ideas. It was the first large mental hospital in the United States to pioneer group psychotherapy, sociometry, and psychodrama. Dr. E. W. Lazell introduced a lecture technique in 1921, when Dr. William Alanson White was superintendent of the hospital. This lecture technique was primarily a didactic method but, even so, no other mental hospital in the United States had employed such a practice with mental patients. For instance, Joseph Pratt of Boston, a pioneer indeed, lectured to tubercular rather than mental patients.

Shortly afterwards Dr. J. L. Moreno came to the United States and set the pace for the modern group psychotherapy movement by introducing the term

*The first portion is heavily indebted to "Twenty years of psychodrama at Saint Elizabeths Hospital," Winfred Overholser, M.D., Sc.D., and James M. Enneis, M.S. *Group Psychotherapy, 12* (4), December 1959, 283-292.

group psychotherapy and the principle of therapeutic interaction among the patients themselves.

Dr. White, recognizing the value of Moreno's group plan for a mental hospital setting, sponsored the first sociometry study (1934-35), under the direction of Dr. Winifred Richmond, Chief Psychologist. This sociometric study investigated the interaction patterns of the nursing staff at Saint Elizabeths Hospital. "Sociometric Tests in a Training School for Nurses," Saint Elizabeths Hospital, Washington, D.C., was published in *Sociometric Review,* February 1936, and republished as *Sociometry.*

In 1939, two years after Dr. Winfred Overholser had become Superintendent of Saint Elizabeths, the psychodramatic movement was launched and supported.

The Cradle of Psychodrama at Saint Elizabeths

In 1939 Dr. Overholser sent a committee from Saint Elizabeths Hospital to Dr. Moreno's theater of psychodrama in Beacon, New York, to study the theory, method, and techniques used in the treatment of mental patients and in the training of hospital workers. In addition, they were to observe the combination of psychodrama and group psychotherapy and Dr. Moreno's sanitarium as a therapeutic community. The committee returned to Saint Elizabeths and under the leadership and guidance of Miss Margaret Hagan, M.S.W., began building the first psychodrama theater in a large public hospital in the United States.

Approximately one year after their visit to Dr. Moreno, in 1940, the Saint Elizabeths' theater for psychodrama opened. Writing at the time of the dedication of the theater, Dr. J. L. Moreno made the following acknowledgments:

> "Dr. Winfred Overholser, Superintendent of Saint Elizabeths Hospital, without whose energy, vision and support this work (i.e., Psychodrama Theatre) could not have been accomplished;
>
> Mrs. Anne Archbold, whose understanding generosity enabled the Hospital to secure a director of unusual training and ability, Miss Frances Herriott;
>
> The American National Red Cross, for material aid and for the help of their Field Director, Miss Margaret Hagan, in organizing the work; and
>
> The Medical Society of Saint Elizabeths Hospital, for their continuing courtesies." (Herriott & Hagan, 1941)

Patients from the Military

By 1941, Saint Elizabeths was receiving a considerable number of psychiatric casualties from the Navy; thus, it was natural that the psychodrama program would center around Navy personnel. The sessions dealt primarily with preparing them for re-entry into the community. At this time, an additional training

program for group psychotherapy began with Red Cross Social Workers.

Psychodrama at Saint Elizabeths had its beginnings in a free-flowing, informal atmosphere. The theater lent itself to many forms of creative therapies, and at this point in its development the psychodrama theater included art therapy, music therapy, dance therapy, and drama therapy.*

Psychodrama Becomes Official

By May 1942, psychodrama in general and Miss Herriott in particular had proven their value to the Hospital. Accordingly, Miss Herriott, who had been working under a grant from the Archbold Foundation, became a part of the Hospital's permanent staff in a newly created Civil Service position of psychodramatist. She remained on the staff until March 1948.

James Mills Enneis, M.S., was appointed Supervisory Psychodramatist in 1949 and held this position until his retirement in August 1978. In 1951, James Enneis established a program at Milledgeville State Hospital in Milledgeville, Georgia. He also served as a Fulbright Lecturer in Paris during 1956-57.

Dale Richard Buchanan, M.S., was appointed Acting Chief of Psychodrama in January 1978 and was made permanent chief that October. In January 1979 the Psychodrama Training Program was reorganized and the training officer position was established in the Overholser Division of Training. David Franklin Swink, M.A., was appointed Psychodrama Training Officer in March 1979. Currently the sections have 12 staff and 11 trainees.

Since clinical service, training, and evaluation are interdependent, collaborative guidance and consultation are a continuing activity of the clinical and training program.

Program Activities

In the beginning of the Overholser administration, psychodrama began to develop new dimensions and to work with chronic as well as acute patients. This required psychodrama training for many staff groups. This, in turn, led to an increase of psychodrama activities for staff training and to further development of psychodrama activities in the Washington metropolitan community.

All psychodrama services at Saint Elizabeths Hospital utilize the quadratic process developed by Jim Enneis. Quadratic psychodrama encompasses role theory, sociometry, group dynamics, and social systems theory within a psychodramatic, theoretical, and technical framework. Current psychodrama programs include: (1) Treatment; (2) Year-long stipended training in psychodrama, sociometry and group psychotherapy; (3) Consultative services; and (4) Training programs for hospital personnel, other governmental agencies (NIMH, F.B.I., etc.) and community groups.

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*Drama therapy differs from psychodrama in that it involves the production of plays which have already been written, in contrast to the more spontaneous nature of psychodrama.

Treatment Programs

Since the program's inception, psychodrama clinical services have been offered to all areas of the hospital's population. In 1954 the Psychodrama Section became the first service provider at the hospital to offer services for both racially and sexually integrated groups. Prior to this it was permissible to integrate the races and the sexes, but not simultaneously.

As specialized areas were developed (e.g., deaf, forensic, Hispanic, alcoholics, etc.), psychodrama was often involved in the planning, implementation, and evaluation of these treatment programs. While it may be questionable whether the section can claim paternity for application of psychodrama to specialized populations, the section has continually maintained specialized services for the past 40 years. Published articles on psychodrama services to specialized populations include: Buchanan and Dubbs-Siroka (1980) on psychiatric patients; Clayton and Robinson (1971) and Swink (1980) on deaf populations; and Altman (1981) on blind populations.

Presently the Psychodrama Section provides psychodramatic individual, family, and group therapy services to all clinical divisions of the hospital. The hospital has 11 clinical divisions populated by 2,145 inpatients and 3,173 outpatients. Nine psychodrama clinical staff and 13 psychodrama trainees have provided 71 different psychodrama treatment services to 2,156 inpatients and outpatients through treatment in 2,381 psychodrama sessions during 1980.

Listed here are a few of the treatment services provided by the Psychodrama Section. The description includes a statement of goals, criteria for referral, and specific boundaries for each treatment service.

General Therapy Groups: The first psychodrama treatment services offered by the section were general therapy groups or dynamically oriented uncovering groups. Their goal is restructuring the personality through exploration of social networks and model group configurations. This process is designed for the development of greater spontaneity. This increased spontaneity results from more accurate perceptions and a wider range of affective and behavioral responses based upon these perceptions.

Groups vary in size from 8 to 16 persons. They meet two to three times per week, with each session lasting from one and a half to two hours. Patients are expected to be in these groups for a minimum of six months. The best candidates are individuals who are struggling with their environment and searching for new ways of coping.

Re-entry Groups: An important application of psychodrama is its use in preparing patients to re-enter the community. These groups are intended to assist patients in their separation from the hospital and to aid in adjustment to community life. Prior to the referral of a patient to an outplacement facility, a return to family, or independent living, the re-entry groups focus upon the patient's own evaluation of needs. Issues that demand particular attention are: self-perceived

capabilities, social support systems, environment role demands, and attention to financial need and money management. These concerns are dealt with in a group context in order to explore their relationship to reality and to help lessen anxiety associated with new and often threatening situations.

Once appropriate placement has been determined by the treatment team, in consultation with the patient, areas in need of specific attention are delineated. Socialization skills are addressed and the patient is aided in learning skills to develop social networks outside of the hospital.

Once in the community, re-entry issues related to experiences in daily living become the focus of the group's interventions. Problems that arise in the community are shared and alternative behaviors and attitudes are explored in action.

The re-entry groups also include specific role training. The person seeking employment as a secretary may be specifically role trained as a secretary. Developing increased awareness and accuracy of perception of self in action with others aids in the development of a broadened range of appropriate responses needed to live successfully in the community.

These groups also range in size from 8-16 persons and meet once or twice per week. Best candidates are individuals who are moving to the community, or those already in the community.

Ward Living Groups: These groups were designed to moderate attitudes and behavior characteristics of total institutions. Ward living groups are conducted with the entire population of the ward, including the ward staff and other service personnel where possible and appropriate. Session content varies from depressed paranoid attacks on authority to fatalistic acceptance of an individual's hospitalization.

The psychodramatist seeks to promote radical change and to deal with cases on an individualized basis rather than the structured routines and programs of an institution. Horizontal and vertical communication lines are opened to encourage the free flow and interchange of ideas among all members of the community. Roles are examined, clarified, and redefined as are relationships, status, sanctions, and value systems in terms of social dynamics and hospital goals.

Individual Psychodrama: In this form of psychodrama, the patient is treated alone by one person, usually the director, who works with or without the assistance of auxiliaries. Individual psychodrama may be used with a patient in crisis or in the acute phase of a disorder or with a patient who lacks sufficient social skills and sociometric links to participate in group therapy. Individual psychodrama may also be used when there is a need to accelerate the process of change in a supportive situation. A patient may be involved in individual psychodrama as a preliminary to group psychodrama or may be involved in both simultaneously.

The theory, goals, structure, and techniques of group psychodrama apply to the individual format, though some modifications need to be made. Goals include helping patients express feelings, explore their experiential world, expand

their role repertoire, alter perceptions of themselves and others, and develop support systems in the community. Sessions include warm-up, action, and closure procedures. While interactions and role relationships with peers cannot be dealt with directly, methods such as autodrama may be used to explore the patient's social atom and model group. Relative to psychodrama in a group, there may be more emphasis on autotelic relationships and on the development of internal self-roles. The absence of other group members enables the director to focus more intensively on the patient and the patient's world. For a more detailed description of this modality see Meerbaum and Stein (1981).

Family Psychodrama: Psychodramatic family therapy utilizes psychodramatic techniques and theory in combination with family systems theory to treat the total family. The treatment goals are to improve the quality of communication between family members, remove identified patient from the role as the identified patient, and clarify perceptions of the roles of family members.

The total nuclear family should be present for the psychodrama sessions, but most sessions are conducted despite the absence of key family members. The family must make a commitment for a minimum of six sessions. These sessions meet once a week for one-and-one-half hours. For a more detailed description of this modality see Beller (1980) and Dickert and Minner (1978).

Specialized Adaptations of Psychodramatic Treatment

Psychodrama services have also been designed to meet the specific needs of homogeneous patient populations. Groups for deaf, blind, alcoholics, drug abuse, Hispanic, forensic, children, adolescent, geriatric and physically handicapped patients have been designed utilizing the basic forms of psychodrama as presented earlier but with goals to meet the specific needs of each treatment population.

Social Living

The social living class model was designed to promote mental health in the public and private school system of Anacostia, a lower socio-economic area of Washington, D.C. It was found, as is true of most institutions, that the teacher's and students' perceptions and role interaction styles were highly rigid and inflexible. These rather conserved interactional patterns were found to inhibit the learning process by limiting the creativity of the teachers and students.

The social living class uses sociodrama to increase the spontaneity in the classroom by broadening student and teacher perceptual frameworks and thus providing an increased role repertoire.

Sociometric tests and enactments are utilized to increase the fluidity of the classroom and incorporate the isolates into the mainstream of the social networks.

The focus of the classroom enactments is the promotion of mental health and the development of more spontaneous coping skills. Thus the sessions are focused on "positive" issues of mental health and individuals are not cast in "role locked" assignments.

A more complete description of the program and its activities can be found in Picon and Altschuler (1980).

Hypnodrama

Jim Enneis and J. L. Moreno had experimented and refined the method of hypnodrama at the Moreno Institute in Beacon, New York in 1947 (Moreno and Enneis, 1950). Mr. Enneis used this methodology at Saint Elizabeths Hospital for several years.

Hypnodrama has the advantage of fulfilling act hungers and completing open tension systems quickly. Hypnosis also greatly intensifies the psychodramatic process and allows a more complete catharsis. Thus, patients are able to experience surplus reality more profoundly and to move towards more spontaneous and reality-based interactions with others.

Because of the enormous demand for psychodrama services and the time demanded by the hypnodramatic process, Mr. Enneis reluctantly curtailed hypnodrama sessions and provided more psychodrama sessions. However, throughout the years, Mr. Enneis demonstrated and conducted hypnodrama sessions when they were warranted.

Central Concern Model of Psychodrama

The central concern model of psychodrama is a conceptual framework for structuring psychodramatic production based on interactions which have emerged spontaneously from the group. The model defines and focuses an "area of concern" that the group will explore during the action phase of the session.

While Moreno provided the theoretical impetus for the development of the model, it was Enneis (1951) who designed the model that provided a framework for the selection of the protagonist as well as a crystallization of the warm-up processes which lead to the establishment of a common theme and shared concerns of the group.

The central concern model is emphasized and utilized in most of the sessions conducted by the clinical staff and trainees of the Psychodrama Section. For a more complete description of the model see Buchanan (1980).

Stipended Training Program

The year-long stipended training program in psychodrama, sociometry and group psychotherapy was established in 1961. Since then the number of trainees enrolled in the yearly program has increased from four to thirteen. This increase

in trainees was preceded by an increase in the number of certified psychodramatists on the staff to conduct training and supervision in accordance with the guidelines established by the American Society of Group Psychotherapy and Psychodrama and the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy. The program has graduated 95 trainees from the five different levels of training offered by the Section.

The five levels of the training program are Intern I, II, III and Resident I and II. Entry levels are based on a combination of education and relevant experience. All trainees have similar required activities and training modules to complete; however, their level of training influences the quantity and quality of the clinical and training assignments.

Applications for the program are accepted from individuals who have a minimum of a Bachelor's degree with a social science background relevant to the field of mental health. Their degree must be from an accredited university.

Applicants from all over the United States are rated on their experience and education. Highest ranking applicants are invited to Saint Elizabeths Hospital to participate in a half-day psychodrama action aptitude test. The most qualified individuals are then selected for training positions. Stipends are consistent with those established by the Office of Personnel Management for similar mental health training programs. For the 1981-82 training year they range from $9,066 to $15,119.

Most applicants accepted have a Master's degree and previous experience in mental health work. Others have Doctorates or, in exceptional cases, Bachelor's.

All first year trainees are expected to participate in daily psychodrama training sessions conducted by staff psychodramatists in specific areas of quadratic psychodrama. Included in these are didactic and experiential sessions involving the use of audio-visual feedback, reading seminars, group concerns, and structured psychodrama content sessions.

All trainees are also responsible for a number of psychodrama clinical groups with a typical range of psychiatric disorders. Many trainees may also elect to provide clinical services to specialized population groups such as the deaf, blind, forensic, Hispanic, geriatric, children and adolescents.

Each trainee is also responsible for directing one community group. Practicums are arranged with public and private school systems, drug abuse centers, probation offices, and related community agencies where a psychodramatist could function in a clinical setting which provides services to underserved populations.

All trainees receive clinical and training supervision weekly. Individual, group, on-site, and report modes are regularly scheduled. Video feedback is an integral part of the supervision process.

Some trainees also participate in a hospital-wide Core Curriculum Program. The core curriculum is designed to remedy any shortcomings in the educational

and experiential backgrounds of the trainees in preparation for their careers as psychodrama professionals. A secondary goal is to develop an appreciation of the interdependent nature of the roles of each of the mental disciplines in the provision of services to the emotionally disturbed. Examples of content areas in the core curriculum are: Clinical Psychiatry, Research, Human Growth and Development, Community Mental Health, Mental Health Delivery Systems, and Group Work.

Quarterly evaluations of the trainees are conducted in accordance with the minimum performance standards set for their level of training. Trainees and staff also participate in quarterly evaluations of the training program. Each trainee must also complete regular evaluations of the training modules and of the staff directing these sessions.

Those trainees who have successfully completed all phases of the program and have also completed a research paper are then granted certificates of satisfactory completion for their particular training level.

The section offers a limited number of second year advanced training placements for exceptional students who wish to specialize either with a specified clinical population, or in the development, implementation and evaluation of innovative psychodrama training activities.

The significance of the Saint Elizabeths Hospital Psychodrama Training Program is attested to by the fact that, based on an analysis of the presentors, over 20% of the program at the 39th Annual Meeting of the American Society of Group Psychotherapy and Psychodrama was conducted by the program's graduates. SEH graduates comprise 14% of Board Certified Trainers, Educators and Practitioners and 34% of clinical practitioners. The Psychodrama Section is, after the Moreno Institute, the largest trainer of psychodramatists in the United States and the world. Because the psychodrama training of Saint Elizabeths Hospital is federally funded, it has provided access to the profession for numerous minority and financially dependent individuals.

Training and Consultation

Training and consultation activities have been an integral part of the Section's activities since the program was begun. All training and consultative activities of the section basically fall into four categories: (1) development of mental health competencies in professional skills; (2) training others to undertake mental health interventions; (3) improving mental health and other role functions of the trainee; and (4) developing competencies about living in relation to mental health issues.

Training and Consultation for Professional Competency

Throughout the 1950s Jim Enneis was deluged with requests for training in psychodrama, sociometry, and group psychotherapy. Originally these requests

were accommodated through individuals attending the section for a number of weeks to learn the theory and techniques of psychodrama and group psychotherapy as practiced at the hospital. However, there were two major disadvantages to this type of training. The primary reason was that individuals coming for training could not be assured a comprehensive progression of psychodramatic knowledge since they would be attending the program during various phases of the training. The secondary reason was that it was not found to be cost efficient to have a number of different professionals entering training at various times of the year. As a result of these issues and with the desire to create a model learning program for mental health professionals, the 200-Hour Series in Psychodrama, Sociometry, and Group Psychotherapy was initiated.

The 200-Hour Series, which also serves as the initial training for the one-year stipended trainees, has trained 71 mental health professionals since it was begun in 1962. The program is offered every summer and is conducted over a six-week period. It is designed to give a survey of theory and applications of action methods and crisis intervention training to professionals interested in establishing or augmenting psychodrama programs within their agencies. Priority for selection to the program is given to federal, international, state and municipal agencies such as the U.S. Probation Office, U.S. Navy, Veterans Administration, and state and community mental health centers.

The section has long provided consultative services to the U.S. Probation Office for the District of Columbia Court for the District of Columbia. In the late 1950s, Enneis began those services by introducing psychodrama and action methods to their office. This work has continued the development of group services for their clients with emotional disorders. For a more detailed description of the use of action methods in the criminal justice system see Buchanan (1981).

The section has also, on several occasions, offered training in action methods and crisis intervention to mental health professionals assisting persons affected by natural disasters or displacements. Anthony Del Nuovo, Ph.D., a psychodrama trainee in 1973, was assigned to the Nicaraguan Disaster Relief Effort and Neil Passariello, M.Ed., assisted in the recent Cuban Refugee Program.

Training and Consultation for Mental Health Interventions

Perhaps the most successful large scale project to train others to undertake mental health interventions has been the joint D.C. Metropolitan Police and Saint Elizabeths Hospital Family Crisis Intervention Training Project which was begun in October 1978 (Joint SEH-D.C. Coordinating Committee, 1979). A pilot project was begun consisting of five training sessions of one-week duration in March 1979. The program is designed to teach crisis intervention skills to law enforcement officers as they routinely intervene in domestic and family crises. Role training, role playing, and psychodrama are key elements in the training methodology wherein officers learn more spontaneous roles to interact with and

defuse domestic disputes. The program contains a heavy emphasis on the use of evaluation materials to measure the effectiveness of various parts of the training program as well as its overall effectiveness.

According to a news release from the D.C. Metropolitan Police (1980), the family crisis intervention training program is credited for a marked drop in the number of officers injured in handling domestic disturbances. According to police statistics, assaults on officers responding to family disputes decreased by 60% since the program was begun. This is even more remarkable when compared with the overall increase for assaults on officers of 19%.

Other law enforcement agencies, including the F.B.I., Secret Service, Consolidated Law Enforcement Agency, and the U.S. Capitol Police, have utilized the training and consultative services of the psychodrama section. The Psychodrama Training Section is currently conducting hostage negotiation sessions for the F.B.I. where the defusing and intervention techniques for the successful release of hostages are taught through a psychodramatic teaching process.

Throughout the years, a wide variety and range of services have been provided to emergency hospitalization personnel, medical students, psychiatric residents, social workers and others.

Training and Consultation to Improve Role Function

Since 1960, the psychodrama section has conducted action training sessions to train law enforcement personnel in the care and handling of the emotionally disturbed. Since these persons are often on the front line of intervention with the emotionally disturbed, their role with these individuals can often mean the difference between hospitalization and successful community adjustment.

Since the late 1950s over 14,707 law enforcement officers from agencies which include the Secret Service, F.B.I., Consolidated Federal Law Enforcement Training Center, and Washington Metropolitan Police received training from the psychodrama section. The section conducted 441 workshops lasting between two and forty hours depending upon the goals and objectives of the different groups. An extensive review of the Section's work with law enforcement agencies can be found in an unpublished paper written by Swink and Siegel (1979).

Again as in other categories, the projects and personnel have been many and varied. Included were sessions for psychiatric nursing assistants, drug abuse workers, foster home sponsors, creative arts therapists, alcoholics, drug abuse counselors, and a variety of others.

One of the more interesting and innovative projects conducted was the training and consultation provided by Jim Enneis to the Peace Corps. It was found that peace corps workers often suffered from culture shock upon entering different cultural systems. Mr. Enneis developed and implemented a training project to increase peace corps workers' adjustment to culture shock and thus allow for an improvement in their functioning as peace corps workers.

Training and Consultation to Develop Competencies in Living

The section has also conducted numerous workshops to develop competencies in living and to improve basic understanding of mental health issues.

Several years ago, over 300 patients were trained in crime prevention through their participation in a series of workshops on role training for coping with assault and theft situations. This was especially helpful, given the high tages of thefts which are committed on the emotionally disturbed. Educational workshops have also been directed for patients on specific areas such as obtaining employment.

A variety of community individuals have also been trained in basic concepts of mental health to educate them about the issues regarding deinstitutionalization and to promote the common citizen's role in the prevention of mental illness.

Range of Training and Professional Skills

It is apparent that the psychodrama section actively conducts training and consultation services across the board from the psychiatrist to the nursing assistant, the F.B.I. to a local P.T.A., and from foreign agencies to rural outreach centers. The variety of training also ranges from highly skilled and technical training for the development of professional skills to everyday coping and educational activities related to the field of mental health.

In all, the psychodrama section conducts over 163 training sessions yearly attended by 1,100 individuals. In addition, the section also conducts year-long and week-long training activities for persons interested in training in psychodrama, sociometry and group psychotherapy.

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Address: Dale Richard Buchanan
Psychodrama Section
Saint Elizabeths Hospital
Washington, D.C. 20032

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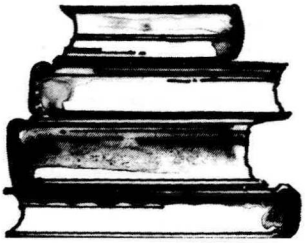

Book Review

STEPHEN LANKTON, A.C.S.W., *Practical Magic: A Translation of Basic Neuro-Linguistic Programming into Clinical Psychotherapy.*

"Human language," Flaubert wrote, "is a cracked kettle on which we beat out tunes for bears to dance to. . . ." While discussing the inadequacy of language, he paradoxically demonstrates his own brilliant mastery of it. Steve Lankton, author of *Practical Magic,* would say that the effectiveness of this excerpt lies in its ability to evoke from the reader an array of visual, kinesthetic and auditory experiences. Each one of us unconsciously searches through his/her repertoire of internal representations (pictures, feelings or sounds) associated with dancing, bears, beating out tunes, cracks or kettles, as we select some of each kind of representation to make up a complete internal experience of what Flaubert is saying. We might even add in a smell or a taste even though it is not explicitly contained in the passage. We would then be experiencing what Lankton refers to as the "four-tuple," a set of internal representations associated with an experience. Lankton says "four-tuples" are the pieces with which we build our ways of thinking about and experiencing the world.

Lankton reminds us that while much is known about human receptors and input capabilities, psychotherapists have often neglected this aspect of perception and cognition in their work with clients. He specifies in his book how understanding of the processes of internal representation of experience can enhance communication and facilitate change in people's lives. He teaches us to attend to the personal style and system of each client in representing his or her internal experience aurally, visually, and kinesthetically, matching the predominant system of the client in order to establish congruence in subsequent communications. If the client says "I can actually picture the bear dancing," the therapist should say something like "I *see* what you mean," as opposed to "I'm glad to *hear* you telling me how you *feel.*" The latter communication indicates

that the client-therapist system is not congruent—that the therapist is not experiencing the bear dancing the way the client is (visually), but in his own way (aurally and kinesthetically). Continued mismatch of communication in this manner would make it likely that little consensual validation of the client's experience of the world be established, or worse yet, that the therapist would find the client to be resistant, unmotivated or unreachable. Lankton claims there are no resistant clients, only ineffective communicators. Even some of our most accepted therapeutic interventions, he says, contain incongruities, disruptions, and distortions of communication, which may seriously impede the therapy, and he cites examples.

Practical Magic presents useful formulas for refined patterns of communication and change in psychotherapy. Lankton describes his treatment methods in many fascinating case studies. He seems to achieve remarkable and rapid success, even with clients thought to be intractable.

Lankton draws from the work of the brilliant hypnotherapist, the late Milton Erickson, M.D., with whom he studied, presenting practical ways to use hypnotic induction, metaphor and paradox to induce positive long-term change. He outlines ways to utilize and enhance the client's natural processes of subjective experience such as dissociation and reassociation in order to help the client tap into needed resources and revitalize his experience. He shows how experience and behavior of the client can be changed by helping him identify and break down relevant "four-tuples" into their component visual, auditory, and kinesthetic parts, and then to change pieces or reorder them into more useful enjoyable formations. When secondary gain or other factors present obstacles to change, a process of "reframing" can be used to bring more congruence into the change effort.

Neuro-Linguistic Programming, which is the study of the structure of experience, owes much to the transactional epistemology of Bateson, Waltzlawick and Haley, and the pragmatics of communication developed by Jackson, Watzlawick and Beaven. These theorists all presuppose a circular or systems, as opposed to a linear or mono-casual, model of behavior and communication. Questions such as why the client is not reacting or what is the cause for the client's resistance confront us with tautological dilemmas created by the linear model. When we use a circular or systems model, however, we realize that in a therapist-client interaction, the client cannot not respond, nor can the therapist, since they are both participants in a system. Every behavior or refraining from a behavior then becomes a communication which in turn automatically provokes another such behavior (feedback). This circular model of interaction somewhat precludes the notion of resistance. Combining systems thinking with the other communication and change techniques detailed above, Lankton offers therapists many new paths away from Sisyphian dilemmas such as resistance, therapeutic impasses, transference and countertransference.

Practical Magic offers intriguing and helpful additions to the vocabulary of psychotherapy: representational systems, deletions, generalizations and distortions in linguistic structure, calibrated feedback loops, incongruity in communication, requisite variety, and transderivational search. These and other terms derive from a variety of fields such as learning theory, hypnosis, behaviorism, cybernetics, psycholinguistics, family systems, psychodrama, Gestalt, Transactional Analysis. Lankton uses the model of Neuro-Linguistic Programming to explain the basic ideas and techniques of various forms of psychotherapy. He is well-informed about these methods and generous in his presentation, giving particularly ample tribute to psychosynthesis and the genius of Assogioli. He understands the basic tenets of psychoanalysis and his conceptualizations about transference and resistance in Neuro-Linguistic terms are interesting and helpful in translating from one conceptual framework to another.

At times Lankton's ardor about Neuro-Linguistic Programming leads him to oversimplification of the other therapies, particularly in his analysis of their shortcomings. While this reviewer is not particularly an enthusiast of Lowen's work in bioenergetics, I believe Lankton underrates it when he implies that bioenergetic therapists are only concerned with the cathartic release of bound up energy. When he quotes Richard Bandler, co-author of *The Structure of Magic,* and concurs that the basic model of personality is "choice," one wonders whether Lankton is carrying the notion of surgical efficiency too far.

A consistent message throughout the book is that the "map is not the territory." (Bateson). What we take in from the world around us is filtered through our own models of the world. Each of us operates out of our sensory representations of what is happening, which may not even be comparable to those of the next person. We are all, then, through our senses, creators of the world. For students of J. L. Moreno, the founder of psychodrama, these are familiar words. In fact, *Practical Magic* and Neuro-Linguistic Programming offer some of the previous missing links for a methodology for doing psychodrama in the one-to-one therapeutic relationship.

This reviewer particularly enjoyed Lankton's use of the allegory of the traveler at the beginning of each chapter. The effect of this method, which fuses Sufi storytelling and hypnotic induction techniques, is to lull us into a receptive trance. The traveler searches for knowledge, truth and beauty in forms in which he has conceived of them (his own four-tuples we might say), and paradoxically often finds them through experiences of illusion, despair and treachery. The metaphor highlights the positive message of the book and of Neuro-Linguistic Programming–that the value of the "search" is often in its own infinite variety rather than in any particular reward or answer at its end. There is no end, we are reminded, to the search for further refinements in communication, and no limit to the variety of subjective experiences to which we can expose ourselves, once we understand our own internal processes.

Lankton's *Practical Magic* offers therapists from all frames of reference some new tools with which to enhance their skills as communicators and change agents. It is particularly gratifying to know that Lankton's "magic" and quick, effective interventions are tempered by his fine observations and skills as a sensitive and insightful psychotherapist.

Practical Magic
$12 ● 1980
Meta Publications
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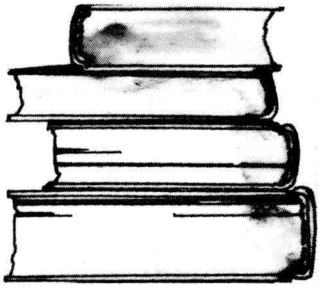
Cupertino, CA 95015



Eugene Eliasoph, A.C.S.W.

The reviewer is president of the American Society of Group Psychotherapy and Psychodrama. He resides at 441 Orange Street, New Haven, CT 06511.

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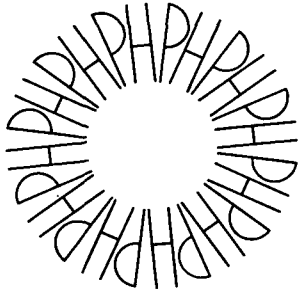

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