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A Psychodrama Course for Undergraduates

PETER L. KRANZ
KATHLEEN M. HOUSER

ABSTRACT. This article reports on a psychodrama course offered for the first time as part of the undergraduate psychology curriculum at Lock Haven University of Pennsylvania. The personal and educational growth of the students in the course is discussed. Students reported changes in the areas of empathy, knowledge of self, self-esteem and self-confidence, perception of control, risk taking, willingness to self-disclose, and relationships. Goal setting and career decisions were enhanced and clarified. Because of the positive outcome of this pilot course, psychodrama is now part of the regular curriculum.

A PSYCHODRAMA COURSE has proved to be a successful offering in an undergraduate psychology curriculum. A search of the literature reveals that psychodrama courses are offered at the graduate level or as part of training programs in hospitals and clinics (Kranz and Huston, 1984; Naar, 1974; Treadwell and Kumar, 1982). Occasionally, a course in psychodrama has been a one-time offering for personal enrichment or for experimental purposes (Carroll and Howieson, 1979; Kipper and Ben-Ely, 1979). No citation of such a course in a psychology undergraduate curriculum exists. In the fall of 1986, Lock Haven University offered an undergraduate course in psychodrama, taught by a faculty member who was a licensed psychologist and certified at the practitioner's level in psychodrama, sociometry, and group therapy.

Course Description

The psychodrama course was 16 weeks in length and met twice a week for 75-minute sessions. Often, however, class time was extended by choice of both students and instructor. Because there was no stage available, the setting was a large rehearsal room in the fine arts building. The room was painted black and equipped with theater lighting, movable

platforms, flexible seating, and a stage area. The class was composed of six female students.

The course was designed to facilitate didactic and experiential learning. A textbook by Starr (1977) and a variety of outside readings were assigned. Part of each class period was spent discussing topics covered in the readings, such as doubling, sociometry, and role playing. The remainder of the class session was used to put into action what had been discussed. The didactic portion of the class was intended as a warm up to the required action theme of the day.

Grading for the course was objective and subjective and was based primarily on two criteria. The first criterion was class participation. The second criterion was a final examination consisting of two parts: the ability to explain the various important elements of psychodrama to which the student had been exposed in the class, and the ability to put into action these previously explained elements. Each student was given an opportunity to direct a session but was not graded for this effort.

Evaluation

Each student was interviewed individually for about 90 minutes after the last class of the semester and after grades had been assigned. Students were asked specific and open-ended questions and were encouraged at the end of the interview to add their own observations. Three areas were covered in the interview: specific knowledge of psychodrama, changes in their personal lives attributed to class participation, and changes observed in other students in the class. Also included in the interview were questions about which psychodrama techniques were most instrumental in producing the changes they observed.

Results

All students reported feeling unsure and anxious during the first 4 weeks of the course. This uncomfortableness was attributed to the following factors: The class format was a radical departure from the familiar lectures, and this was the first experience with an application of a specific therapy for the students. Participation in class was voluntary, and students reported an internal expectation to participate and to take responsibility for the success of each session.

The authors observed that after the first 2 to 3 weeks, students showed much less anxiety; were more willing to participate as a protagonist, an auxiliary ego, or a double; and communicated more meaningful aspects of their personal lives during the sharing phase of the psychodramatic

session. Over the next 11 weeks, changes were observed by the authors and reported by the students in the following areas: empathy, knowledge of self, self-esteem and self-confidence, perception of control, risk taking and willingness to self-disclose, and relationships. All six students reported that the most significant changes in all of these areas occurred in the last 6 weeks of the semester. Although this class was not a therapeutic group, the development of the psychodrama class paralleled the five stages of group development described by Tuckman and Jensen (1977): forming, storming, norming, performing, and adjourning.

Empathy. All six students reported that they were more capable of empathizing with others in the class as well as significant others in their social atom, which was a psychosocial network. Particular psychodramatic techniques that were reported as significant in intensifying their growth in this area were doubling, role reversal, mirroring, and playing auxiliary egos. These findings agree with Kipper and Ben-Ely (1979), who found the use of the psychodramatic double a more effective method of empathy training than the reflective or the lecture method.

Knowledge of Self. All six participants reported gaining greater awareness of self and of their effect on others. Personal strengths that students were initially unaware of became vividly evident as the class progressed. Self-perceived inadequacies and concerns about one's self-image became less hidden and more accepted as part of the total self. Particular psychodramatic techniques that were reported as significant in gaining greater understanding of oneself were role playing, role reversing, being doubled or mirrored, and sociometric techniques such as drawing one's social atom.

Self-Esteem and Self-Confidence. Initially, the students reported feeling disconnected from other class members. As the class progressed, members became not only more interconnected with each other but also more concerned with the group as a whole. This building of group cohesion seemed to coincide with the individuals' gaining greater self-esteem and confidence in personal abilities. Class members reported that by the end of the sixth week, they felt committed to the effective functioning of the group, pride in group membership, and satisfaction with their role in the group and their newly acquired psychodrama skills. These findings are consistent with Naar's (1974) study in which psychodramatic techniques were used to teach therapeutic skills to undergraduates. The Personality Orientation Inventory administered in the Naar (1974) study indicated positive changes in the area of self-regard and self-acceptance. Particular psychodramatic techniques reported as significant were role

playing, participation as a protagonist, auxiliary ego, director, and action sociometries.

Perception of Control. By the end of the 16 weeks, all six class members reported that their locus of control moved from a predominantly external basis to a more internal one. They felt more confident in their own decision-making processes and their ability to initiate appropriate assertiveness in interpersonal relationships. Goal setting became easier and clearer as members became more certain of their decision-making abilities. Particularly helpful in moving toward inner directedness were the following techniques: greater understanding of role theory, increased role repertoire, unlocking role rigidity, doubling, and being doubled.

Risk Taking and Willingness to Self-Disclose. Initially, all six class members were cautious in disclosing to others. As class progressed, members became more spontaneous in their ability to express feelings and perceptions that were previously kept carefully hidden. The discovery that other class members were supportive of their self-disclosures reinforced further exploration of these feelings and perceptions. Important in this process was the time spent in sharing at the conclusion of each class session. Very often, class members discovered that they were not alone with their particular situation and that others in the class shared similar experiences. Particular psychodramatic techniques that were helpful in risk taking and self-disclosure included the use of rehearsal, future projection, role reversals, the use of doubling, and sharing at the end of each session.

Relationships. The class stated that psychodrama was helpful in clarifying important elements of their primary relationships. These elements related to the roles played and the consequences of the demands presented. The theme of relationships involved a considerable portion of class time as members all had unfinished business with at least one significant other in their social atom. All students reported that because of their psychodrama experiences, their relationships became more honest, open, and direct. These particular psychodramatic techniques facilitated greater understanding of relationships: role reversal, expanding and extending roles, doubling, and sharing.

Educational Changes and Insights. Five of the class members reported that this course was their first exposure to an actual psychotherapeutic tool. Psychodrama provided an opportunity for them to become involved in a therapeutic process. Class members realized that learning

psychodrama was not an easy process and required more than theoretical knowledge. In addition, future career goals for the class became more clearly defined. One member, accepted later in a master's program in dance therapy, reported that taking psychodrama was helpful in confirming her career choice and enabled her to compete successfully at the audition for entrance into the program. Another member has applied for entrance into a master's degree social-work program; her experience in psychodrama gave her confidence in her abilities to succeed in her career choice. Another student decided to incorporate psychodramatic techniques into her graduate research in medical psychology.

Discussion

The initial offering of psychodrama as part of the undergraduate psychology curriculum at Lock Haven University has had a positive outcome for both the undergraduate psychology program and the student participants. This teaching process enhanced the students' curricular experience by providing a direct, hands-on approach to psychodramatic methods.

The students reported that they benefited personally from the psychodrama course because they gained increased self-confidence, maturity, and inner directedness. They showed a willingness to self-disclose, to take risks, and to assume responsibility for their behavior. They also reported being more spontaneous, more comfortable with their emotions, and more honest in their personal relationships. All six students rated the course excellent and expressed the hope that similar classes would be offered on a regular basis.

The authors are aware of the limitations of drawing conclusions from these results because of the small sample size. This, of course, was a first offering, and, as more students enroll in the psychodrama course in the future, more definitive conclusions concerning the benefits of the experience can be determined. Preliminary results from the pilot study indicate that with the inclusion of psychodrama in the psychology program, students can be exposed to a viable therapeutic technique in which they are a participant, observer, and discussant. In addition, they will experience stages of group development, such as those described by Tuckman and Jensen (1977). Such an opportunity is perceived as an enhancement of the undergraduate curriculum in that it provides not only an integration of therapeutic technique and didactic learning but also the opportunity for the development of personal attributes and understanding of group process that can be integrated into the classroom experience.

REFERENCES

Carroll, J., & Howieson, N. (1979). Psychodrama in teacher education. *Group Psychotherapy, Psychodrama and Sociometry, 32*, 94-99.

Kipper, D. A., & Ben-Ely, Z. (1979). The effectiveness of the psychodramatic double method, the reflection method, and lecturing in the training of empathy. *Journal of Clinical Psychology, 35*, 370-375.

Kranz, P., & Huston, K. (1984). The use of psychodrama to facilitate supervisee development in master's level counseling students. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 37*, 126-133.

Naar, R. (1974). Personality changes and innovations in teaching counseling skills to undergraduates. *Psychotherapy Theory, Research and Practice, 12*, 52-56.

Starr, A. (1977). *Rehearsal for living: Psychodrama.* Chicago: Nelson-Hall.

Treadwell, T. W., & Kuman, V. K. (1982). Psychodrama and sociometry training: A survey of curriculums. *Journal of Group Psychotherapy, Psychodrama and Sociometry, 35*, 31-38.

Tuckman, B. W., & Jensen, M. A. C. (1977). Stages of small-group development revisited. *Group and Organizational Studies, 2*, (4), 419-427.

PETER L. KRANZ is director of the Counseling Center and an associate professor of human resources at Eckerd College in Florida. KATHLEEN M. HOUSER, a recent graduate of Lock Haven University, hopes to pursue graduate study in clinical psychology.

Date of submission:
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Address:
Dr. Peter L. Kranz
P.O. Box 12560
St. Petersburg, FL 33733-2560

The Student as Director: Dealing with Performance Anxiety in an Undergraduate Psychodrama Class

PETER L. KRANZ
KATHLEEN M. HOUSER

ABSTRACT. This article considers the student as director in an undergraduate psychodrama course. Various methods for dealing with the students' performing anxieties are delineated and evaluated. The results indicate that the experience of directing a psychodrama session provided students with increased confidence in their ability to perform in the role of director, preparation for the acquisition of new roles by decreasing performance anxiety, and insight into the skills needed to direct a therapeutic experience.

THIS ARTICLE EXPLORES aspects of the student as director when psychodrama is incorporated into the undergraduate psychology curriculum. Although a review of the literature revealed a dearth of information on the subject, Nolte and Hale (1976) did report on the use of soliloquy and doubling techniques as useful methods to assist the psychodrama trainee in overcoming performing anxiety.

Six students, who were not psychodrama trainees but rather female undergraduates with no previous experience, training, or familiarity with psychodrama, formed the group considered in this paper. The students, accustomed to a great deal of structure with the lecture format as the primary educational discourse, found the openness and spontaneity of the psychodrama experience unsettling. Adding to that feeling of uneasiness was the thought of taking on the role of director. Initially, students considered the role of director overwhelming because of the perception that to direct meant having control of and responsibility for a new experience —that of a psychodrama session. Students related that before being

scheduled to direct for the first time, they began to worry about the outcome. Some common responses were: "I will look stupid." "I will fail." "What if no one in the audience wishes to participate?" "Will I get guidance and support if I get lost, stuck, or ask for assistance?" "With so many possibilities coming from the warm-up, which of them do I go with?"

The students' anxieties were normal responses because the students were unfamiliar with the technical aspects of psychodrama, were thrust into an experience of a new role, and had only limited educational experience in the clinical aspects of psychology. Their worrying increased their anxieties, which appeared irrational and seemed to be based on self-talk (Ellis, 1984) in which shoulds and oughts meant absolute musts. The students found that the actual directing experience was not as stressful or as difficult as they had anticipated and that most of their negative expectations were not fulfilled. Students' self-evaluations, both before and after the directing experience, were always much more severe than those of fellow students or the instructor. Most feedback was very positive. Students reported performing better than they had anticipated; however, they had a tendency to focus on the negative criticisms of their performance, seemingly valuing that content more than the positive evaluation.

To help reduce the students' levels of anxiety concerning directing, the instructor implemented the following methods. By offering to meet individually with the students before their directing experiences, the instructor allowed them to discuss issues and feelings concerning their new roles. Students were assured of assistance, as needed, during the directing experience. Students were offered an opportunity to direct a "practice" session that was not formally scheduled as a student-directed session. The instructor shared with the students his own anxiety about directing when he was a psychodrama trainee. Students were reminded that there was no grading or grade for the directing experience.

Of these procedures to reduce performance anxiety, students reported that the practice session was the most beneficial. These practice sessions were offered spontaneously at the beginning of a session in order to give the student less time to build negative expectations and to worry about the outcome. Those students who took advantage of this opportunity reported that it was less anxiety-producing to direct spontaneously and that they did less worrying before their scheduled directing session because of this previous directing experience.

The offer of the instructor's assistance during the directing session was rated as the second most helpful method in alleviating anxiety. Students reported feeling much less alone in dealing with the uncertainties of the directing experience and spending less time speculating about what they

would do if the session got out of control. As a result, they had more time to concentrate on the requirements of the role of director and their skills in fulfilling these requirements.

Students rated meeting with the instructor as the third most helpful way to alleviate anxiety. At these individual meetings, students dealt with their "all or none" thinking and were encouraged to look at their irrational concerns and replace them with more rational, balanced, and reality-based thinking. They came to realize that the directing session was a learning experience where they would discover their strengths and weaknesses as a director.

They gained confidence from the instructor's positive reinforcement of their skill level, which he had observed in the classroom. The instructor placed emphasis on the individual student's strengths.

At the discussions, specific directing styles and techniques, such as the use of spontaneous warm up to provide the theme of the session or the use of a planned warm up to assure participation, provided the student director with a feeling of control. Students were also reminded to use techniques such as doubling, mirroring, and role reversal to advance the action when the session seemed to be bogged down.

Students felt that hearing that the instructor had had similar concerns before his initial directing experience helped to reduce their anxieties. Students discovered that learning to direct was a process that developed over time and that no one was expected to be a competent director the first few times this role was attempted. During this sharing period in class when students voiced their concerns, they discovered that their anxieties were shared by others and that they were not alone in their feelings.

The instructor's emphasis on not grading the directing experience did relieve some of the students' anxieties. Students reported, however, that most of their fears concerned their ability to direct a session and not the evaluation of their ability.

Although the findings reported in this paper are not the results of a controlled experimental investigation, they were collected through careful observation and from an interview with each student. Moreover, these preliminary findings could serve as a basis for further investigation.

In summary, students reported that through directing a psychodrama session they not only gained confidence in their ability to perform the role of director but also felt better prepared for the acquisition of new roles. Directing a psychodrama session gave students an opportunity to experience a new role in a safe environment, to deal with performance anxiety by forming realistic expectations, and to direct a therapeutic experience in which they had to demonstrate abilities and skills appropriate to this role and take responsibility for the experience.

REFERENCES

Ellis, A. (1984). The essence of RET-1984. *Journal of Rational-Emotive Therapy, 2*(1), 19–25.

Nolte, J., and Hale, A. (1976). The director's soliloquy and the director's double. *Group Psychotherapy, Psychodrama and Sociometry, 19*, 23–32.

PETER L. KRANZ is director of the Counseling Center and an associate professor of human resources at Eckerd College in Florida. KATHLEEN M. HOUSER, a recent graduate of Lock Haven University, hopes to pursue graduate study in clinical psychology.

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Address:
Dr. Peter L. Kranz
P.O. Box 12560
St. Petersburg, FL 33733-2560

A Bereavement Group for College Students

ROBERT J. BERSON

ABSTRACT. This paper describes a support group for college students who had suffered a death in the family. The author reviews the symptoms of acute grief and the process of mourning; he describes how painful and difficult grieving can be for college students because of their developmental stage and because of the nature of the college environment. The author suggests that a model of time-limited group psychotherapy can be adapted to the developmental stage of college students, the nature of the college community, and the particular task of grief work. The author describes the course of a bereavement group he led and offers suggestions for the use of such groups, which provide models for outreach efforts and for employing group modalities on campus. A bereavement group facilitates both adjustment to death and readjustment to the campus; it may help prevent withdrawal from school and academic failure.

THE DEATH OF A PARENT is always painful. It can be especially disruptive when it comes suddenly, unexpectedly, or at a developmentally inappropriate time—as in childhood, depriving a young person of a nurturing, protective father or mother, or in adolescence, removing at once and forever the very person from whom a young adult is striving to separate in his or her effort to become a more fully adult self. For a student in college, the death of a parent can be a devastatingly disruptive experience that comes at a developmentally inappropriate time and strikes while the student is living in an environment that is unlikely to provide support and may even aggravate the symptoms of acute grief.

The Origins of the Bereavement Group

The group described here began accidentally and innocently when a dean mentioned that several students had had recent deaths in their fami-

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lies; she asked how prevalent parental death was in the lives of college students. A check of the indices of about a dozen works on adolescence and college counseling showed no references to *death*, *grief*, *bereavement*, *mourning*, or *parental death*.[1-13] A computer literature search also uncovered no citations of the issue of how college students deal with death of a parent. The dean had become aware of the issue because of her role in arranging leaves of absence, extensions for academic assignments, and so on. Parental death seemed to be a major disruptive event in the lives of college students, yet it is an event that rarely leads to consultations with college mental health workers. It also seemed to be an area in which colleges could provide some help. It was decided to offer what the students came to call the Grief Group.

The Experience of Grief

"At first glance," wrote Lindemann in his classic paper, "acute grief would not seem to be a medical or psychiatric disorder in the strict sense of the word, but rather a normal reaction to a distressing situation."[14] But, as Lindemann documented, acute grief is a phenomenon that can be exaggerated or distorted, and both normal and distorted grief reactions can be helped toward resolution. The physical symptoms of the syndrome of grief are familiar: the tight throat, the empty feeling, the constant sense of impending tears, the chronic, subjective mental pain, the weakness, apathy, sighing. Also familiar are the psychological symptoms: the sense of unreality, the increased emotional distance from others, the preoccupation with thoughts, feelings, and images of the deceased (sometimes to the point where one fears for one's own sanity), the difficulties in working and concentrating, the turning away from others, the desire not to be bothered, the complicated mix of guilty and even hostile feelings.

Grieving people understandably try to avoid the physical and emotional distress of acute grief, which is aroused by mention of the dead, visits from friends and relatives, expressions of sympathy. But to avoid the distress, the bereaved must avoid discussion of the dead, refuse visits, shrug off sympathy. This avoidance may inhibit the normal course of the grief reaction and may impede the necessary process of readjustment to a world bereft of a loved one. To readjust, suggested Lindemann, requires a gradual emancipation from bondage to the deceased—accepting the pain of loss, reviewing the relationship with the deceased, formulating a sense of how in the future to think and feel about the deceased, and accepting the changes in oneself, including guilt, fear, anger, and loneliness. Gradually, then, one can return to a world from which the deceased

is missing; gradually, one can begin to build new relationships, to restore oneself to the world and the world to oneself. The great obstacle to completing one's grief work is the effort to avoid inner distress, the fear of breaking down.

The Dynamics of Mourning

To understand the experience of bereavement on the college campus, it is necessary to add to Lindemann's schema of grief reaction a perspective on the process of mourning. Martha Wolfenstein's writing is especially useful in thinking of grief and mourning in college students.[15] Citing Freud's "Mourning and Melancholia,"[16] Wolfenstein noted that mourning the death of a parent is a continuing struggle between acknowledging the reality of the loss and the unwillingness to give up attachment to the parent who has died.[15] Detaching comes slowly, bit by bit, in a painful and prolonged process of remembering and reality testing, a process filled with fear: fear of the finality of the loss; fear that painful feelings might prove overwhelming; fear of aloneness and of one's own death; fear of the regressive pull to inner childhood memories and to dependence on the remaining parent. For a child or adolescent, parents sustain pride, confidence, and self-esteem as well as material needs, and parents provide external superego and ego functions. The death of a parent may even provoke a sense of shame over the incompleteness and damage caused by the loss. Wolfenstein suggested that true mourning is possible only after adolescence, when the long, developmental withdrawal from parents has allowed young adults to put their own past, their childhoods, behind them; when they can sense what they have lost; and when they have learned to mourn by mourning the loss of their own childhood, the loss of their parents as their principal love objects, and even the loss of their own ability to feel the primacy of love for their parents as they begin to find love objects outside the family in the wider world of which they are increasingly a part.

The loss of a parent during the college years will cause all the disruptions of acute grief, but it can still be truly and fully mourned. Grief work can be accomplished during the early adult years, but particular problems are imposed on the college student at the time of parental death.

The Death of a Parent during a Student's College Years

As one of the students in the bereavement group put it, "Parents should die when you're fifty, not when you're twenty." Although the loss of a parent is never easy, the naturally hard process of grief work is

exacerbated in cases of parental death while a student is in college both by the developmental dilemmas of the period and by the peculiar environmental conditions of the college campus. The major developmental task of the late adolescent or early adult years is that of separating from the parents. There are many ways to formulate that process, be it as a "second individuation,"[17] a "moratorium,"[18] or, in Levinson's terms, as an "early adult transition."[19]

Levinson emphasized both external separations (leaving home, becoming financially independent, becoming more autonomous and responsible) and internal separations (greater psychological distance from family, reduced emotional dependence on parental support and authority, increased differentiation of self from parents). Often, noted Wolfenstein, detachment from parents is accomplished in part by devaluation.[15] If a parent dies at a time when a student is physically and emotionally pushing that parent away, the student's guilt feelings may be significantly increased, especially when the student realizes that all the "unfinished business" can never be accomplished. If Oedipal issues (revived in early adolescence and resolved in late adolescence, allowing for the achievement of adulthood[20]) have not been adequately met, the death of a parent can activate powerful Oedipal guilt, especially when well-meaning relatives say things like "You're so much like your. . . ," "Now you're the man of the family, and your mother needs you," or "You're a young woman now and you have to care for your father. . . ." Adding to the pain of Oedipal guilt can come what Wolfenstein has tellingly called "Oedipal chagrin": the bereaved adolescent finds it impossible to help the grief-stricken, often withdrawn, surviving parent, and so comes to feel inadequate in comparison with the deceased, incompetent in the changed relationship with the survivor, and terribly alone—as if both parents had been lost.[15] Distance from the widowed parent is often painfully increased as the grieving student idealizes the deceased and displaces negative feelings onto the survivor.

Parental death, then, comes at a particularly inopportune developmental time when it occurs in the college years. In addition, the college environment is particularly unsuited to be responsive to the bereaved student. The sense of unreality so common to acute grief is heightened by returning to college. "All of home is about death, none of college is," said one student in the group. It becomes easier to avoid the painful grief work—and thus to increase the risk of a more distorted, damaging mourning—because the student tries hard not to break down, not to show sadness or grief. Trying hard to maintain a good mood may itself lead toward a more childlike form of denial in which the student begins to conclude that if he or she is in a good mood, then nothing bad could

have happened. The student who hides grief becomes increasingly estranged from the inner self and from genuine interaction with fellow students. Emotional distance from others, another symptom of acute grief, is increased by the emotional gap between home and college. The grieving student, returned to the seemingly carefree happiness of the campus, avoids others and grieves alone.

The grieving student also suffers alone the symptoms of loss of concentration and of difficulty with work, seemingly minor problems—and certainly normal and understandable—but of potentially major significance as grade-point averages drop and plans for graduate or professional school are threatened. Academic work is the college student's job in life, and the inability to do the job can prove painfully disruptive. Lindemann noted that "The bereaved is surprised to find how large a part of his customary activity was done in some meaningful relationship to the deceased and has now lost its significance."[14] College students may still be working largely for parental approval, their discipline and competence not yet firmly internalized as ego ideal. The death of a parent may provoke crises of meaning and purpose and produce work difficulties and threaten future plans. A paradoxical reversal can also occur if plunging into school work is used to inhibit the grief work. This is especially true, noted Lindemann, when a person "is confronted with important tasks and where there is necessity for maintaining the morale of others."[14] Difficulty with work or concentration may also be felt as a sign of impending psychological disintegration and may lead a student to frantic, panicky behavior, impulsive acting out, or suicidal thoughts.

Finally, the college campus becomes a cold and unsupporting place in which to grieve because a student's peers, themselves unprepared to deal with death, tend to be unable to offer support, to talk about death, to tolerate the intense sadness of a grieving friend, or to endure the new images stirred up of the mortality of their own parents. The typical peer shuns the grieving student, turns instead to studies, dates, sports, and leaves the bereaved alone in grief. (It is a sad truism that faculty, administration, and staff who could be of real help to grieving students seem largely unaware of the developmental processes and crises of the students with whom they work.) Although the grief and isolation of bereaved students is intense, painful, and disruptive, the students rarely seem to turn to college mental health services. As one of the students in the group said, "I was sad, not crazy." If grief work encounters severe obstacles on campus, and if grieving students rarely turn to the campus "helpers" in time of loss, how can ways be devised to enable them to mourn truly and to return to their places on campus and in the life cycle? A bereavement group is one response.

The Group Model

The most appropriate response to bereaved students seems to be a support group experience rather than a therapy experience. Grieving students do not seek individual counseling because they do not feel "sick," "crazy," or "disturbed." Yet many students who suffer the death of a parent seem to find that participating in a group begins to break down feelings of isolation and strangeness and fosters all the "curative factors" that Yalom has cited as giving healing power to groups.[21] Because a support group for grieving students is not a typical therapy group, it is important to consider what model to use in constructing and structuring such a group. A bereavement group on a college campus will be different from a therapy group by virtue of important practicalities—the fact, for example, that time exists in 15-week segments broken by long winter and much longer summer breaks, by virtue of important personal characteristics of the group members, all of whom share both a common crisis and a common place in the life cycle. The shared developmental stage, combined with the limitations of time, led to thinking of the bereavement group in terms of the short-term group psychotherapy model employed by the Harvard Community Health Plan.[22] There, therapy groups are limited in numbers of sessions and structured by developmental stages, with groups limited to young adults (early twenties through early thirties), midlife adults (roughly 35 to 50), and post-midlife adults (50 and over). The groups are structured with respect to the developmental stages of the participants. For example, the young adult group is a closed group with all members beginning and ending together because intimacy is a universal issue for this age group, and open groups make issues of intimacy harder to deal with. In contrast, the midlife group is open because separation and loss, coming and going, are important issues for this age group. An open group allows sharing and mentoring, important for adults struggling with issues of generativity, and fosters recognition of the inevitable limits to expectations.[18]

In the case of bereaved students, the population shares a developmental stage and struggles with the life tasks of separating from parents, forming a firmer identity, beginning to develop sexual and interpersonal intimacy, and shaping vocational choices. In addition, the students in such a group share a common, shattering, and isolating event—the death of a parent—and a common world of work (academic study) and time (semesters and breaks). The intersection of developmental stage and common disruptive event in a population of young people who are basically healthy and growing brings rapid group cohesion and allows positive group process to come to bear quickly.

Many clinicians in college mental health settings have spoken of having limited, if any, success in using groups on campus. There are many reasons why traditional group therapy is unlikely to succeed in colleges, especially because the structure of academic time impedes the sense of continuity and consistency and because many students fear (understandably) the experience of expressive, evocative revelation in a setting where group members are so likely to encounter each other in so many other contexts and where confidentiality is so hard to maintain. The use of time-limited, thematically focused groups like this bereavement group may well provide an effective way to enlist the advantages of group process on campus.

The History of the Group

The bereavement group assembled by word of mouth, primarily from advisors and class deans who were told of the group by the dean of studies and who, in turn, told students who had requested leaves, extensions, and so on. A small notice was printed in the student newspaper, but it did not seem to bring many students to the group. During the course of the year 16 students participated, and even more might have come had the deans and advisors been reminded more frequently of the group's existence. Of the 16 students, 10 had lost a father, 5 a mother, and 1 a sibling. The deaths that brought the students to the group had occurred from three years before entering the group to less than one week before joining. Significantly, 8 of the participants were foreign or minority students, people who already felt somewhat out of place. The group met for 10 sessions in the first semester and 11 in the second.

At the first meeting, 8 students appeared. The first student who spoke said, "I never expected so many people would be here." The second said, "I didn't think anyone else would want to talk about this." The third said, "I'm glad there are so many people here," and began to cry. Nearly everyone shed some tears then, tears of sorrow and tears of connection and relief. As people sniffled and dried their eyes, someone else said, "I guess we'll need plenty of tissues," and the first of many waves of laughter rippled through the room. Toward the end of the first session, a student said, "Oh, God, this is good—till now I felt that no one else knows what I'm going through." A sense of community had been quickly established—this was a community with clearly shared concerns, a community in which both tears and laughter could be expressed, a community in which a basic bond of common experience could be a source of trust and support.

The first sessions saw introductions by name, year in school, major

field of study, and identity and relationship of the person who had died. At the beginning, the students were vague about the dead person, their experience of the dying, and their relationship with the deceased. They focused instead on their awkwardness and embarrassment. Inexperienced at death, they wondered how to act; they were not sure what was expected of them. As college life went on, they struggled with how to tell their friends and acquaintances, especially when meeting someone who hadn't heard. " 'My father died last week' is a hell of an opening line," said one student. "It seems to do nothing but drive people away." But waiting for an opening seemed equally awkward: "Your father got promoted? That's great! By the way, speaking of fathers, mine died last week." Yet to say nothing seemed unbearable.

The students wondered in what ways and how much their grief showed. What did people notice, and what did they think? They all experienced concentration and work difficulties and were greatly relieved to realize that was a common, normal part of grief. Several spoke about "getting mean": of having angry, hostile responses to the world in general, to family and friends in particular, and of feeling bad about themselves as a result. But even at some of the early gatherings, the students made use of their differing experiences and began to respond to each other. "Nothing helps!" cried one whose father had died only a few weeks earlier. "Time does," said a student whose mother's death had occurred 18 months before.

In the beginning sessions, the group determined a small number of ground rules. These rules played a very important role in the functioning of the group. The students felt strongly that this should be an open group, welcoming newcomers at any time during the semester. "No one should be shut out," a student said. Because the group was a thematically focused support group and not a broadly conceived therapy group, it was possible to be open to new members without damage to the sense of intimacy, and the process of welcoming newcomers was experienced throughout the year. An agreement of basic confidentiality was reached, and a time to meet was chosen. The problem of finding a time to meet proved almost insurmountable, for at no time during the academic week were all the students free. The students' sense of the importance of the group, as well as their determination that none be excluded, led to an amazing decision—to meet at 8:00 A.M., before first classes. For college students, who often act more like nocturnal than diurnal mammals, to meet so early was a clear indication of the importance the group had assumed. The early morning hour led naturally to a last ground rule—it would be acceptable to bring coffee, even a bit of breakfast, to our sessions.

By the third session, it became possible for the group to focus its atten-

tion on one student, who described having been "caught in a cage of hope" as the father died slowly and painfully of cancer but fought obstinately for life. The father's fight for life had occasioned a powerful family denial, which led to a sibling's psychotic break as people continued to speak of things "getting better." More than a year after the father's death, this student was finally enabled by the group to give voice to the anger, frustration, and guilt that had impeded the ability to mourn.

By midsemester, students were able to recognize and speak about powerful questions of loyalty, propriety, and guilt. They shared the same self-accusatory question: Should I have come back to school—so soon? at all? They spoke about the needs of those left at home and of their mixed feelings of guilt and relief at having left the grief-stricken world of home for the ongoing life of college. These questions were surely stimulated by the approach of Thanksgiving, the first major holiday that many would experience without the lost parent. When one student asked, "Who will sit in Daddy's chair?" she was joined in tears by most of the group. At midsemester, too, the students began to voice fears of the loss of the remaining parent. They experienced worry about the well-being of the surviving parent, as well as anger at the widowed parent's unavailability or intrusiveness. Guilt and anger, love and concern all rose to the surface. "Why can't she leave me alone?" asked one student. "Why can't he pay attention to me?" asked another. Parents who held back generated a particular worry in their children. "You know your own feelings, but not theirs. . . . I wish she [mother] would open up more. . . . I wish I didn't have to worry about *them* [mother and siblings]!"

Also at midsemester came a growing awareness of group process, initially through a defensive denial of individual need for time and attention within the group. "I shouldn't be taking so much group time" was a frequently heard comment; so, too, was "my problems aren't as bad as hers." This latter comment was indeed "true"—the student referred to had been abandoned by her father a decade earlier, her mother had died suddenly, and she was now responsible for two younger siblings. She herself, however, soon said that her problems were not as bad as another student's, and all were able then to recognize the coexistence in the group of genuine concern for others as well as of efforts to minimize one's own hurts and to maintain distance. Recognizing mixed feelings and attitudes within themselves and among each other, the students were then able to increase intimacy and support, primarily by talking more openly about their families, even when those families were "crazy."

Attention to the meaning and importance of the group in the students' lives became a major focus, along with reactions to the recent holidays at

home, in the time between Thanksgiving and Christmas. Most had weathered Thanksgiving weekend at home with surprise, pleasure, and guilt that it hadn't been too bad. For most, "Home was still there," in the words of a freshman, and a sense of life going on, albeit changed, had been solidly felt. Simultaneously, the group had become more important. One student acknowledged that "I was in a real panic last night. What if the group wasn't there?" Her panic anticipating winter break and the return to second semester led to a discussion of whether the group would reconstitute for the spring term. Students spoke of the real connections they had made, both within the group and outside, where members would sit together when they met in the cafeteria, share coffee breaks during study in the library, and so on. There was also some uneasiness about this growing closeness. "I don't want to become a 'grief groupie,' " said one student. Acknowledging the importance but also the limitations of their relationships led the students toward considering a major task of grief work: the establishment of new relationships in the world.

As winter break approached, with the Christmas and Channukah holidays looming, the students expanded their discussions of families, focusing initially not on the upcoming holidays but rather on birthdays. "My father spent his last birthday in the hospital," said one. "I spent my last birthday in the hospital with Mom," answered another. It was at this time, too, that anger emerged forcefully; anger at doctors, hospitals, and authorities of all sorts, including surviving parents and other relatives. Many students expressed anger that relatives had attempted to soften or even to suppress their expressions of grief at the time of death rather than letting them cry and rage at the pain and unfairness they had felt. Nearly all, it turned out, had been offered medication (most often Valium) to "calm them down," and all expressed furious resentment that their right to feel and express such deep feelings had been questioned or belittled. As anger was voiced, however, so was a new ability to care. Several students acknowledged having recently acquired campus pets ("illegal," of course) and spoke about the reciprocal warmth of care and response.

The discussion of care seemed to touch one student who had been supportive of others but largely silent about herself. She said that some people had called the group "self-indulgent," and she wondered aloud if that were true. Her comments struck an uneasy chord in several others. Questions about people's needs, wants, whims, and rights were raised, as well as concern about independence and "emotional crutches." Only then did the student who had provoked the discussion begin to talk about the death that had brought her to the group—the brutal murder of her sister.

The students asked that the group continue in the second semester and they reconvened after winter break to learn that for many members the world had turned as cold and gray as the weather. Most said they no longer felt "special" and that no one paid much attention to them over the winter break. Some felt lonelier and more vulnerable than ever before, and many found it hard to get back to work. The group maintained its open-door policy, and a few newcomers joined. "Old timers" in the group offered the help and hope of time to new arrivals and spoke of some positive change: "It's easier to tell other people," a student said, "because I've been able to admit things here—and I've learned I can cry in front of others." As time went on, members began talking about the prospects or actuality of their widowed parents beginning to date, an activity leading them to question that parent's loyalty, and all spoke of the painful experience of realizing that their memories of the dead parent were beginning to fade and thus to occasion deep, unsettling feelings of disloyalty in themselves.

Struggling to shape a way of relating in the future to the lost parent, students spoke of family traditions no longer to be shared—the birthday trips, the special gifts, the meals, the walks, and the quiet talks. Students formed a clearer sense of their roles in their now smaller families. Many raised their hurt and anger in new forms as they cried, "It's just not fair!" and spoke of the negative feelings toward one or both of their parents. In the continuing process of return to the world, they spoke of changing relationships with friends and dates. Many of the young women felt much freer in their relationships with men, a freedom they acknowledged they had wanted, but of which they were now admittedly afraid. Values that had been developing in a dialectical process of challenge to and incorporation of parental standards now had lost the annoying but secure and comforting safety of parental protection.

The value of the open-door policy became poignantly clear when a student who had come to the first session in the fall but said she didn't need what the group was offering returned in the spring, asked if she could join again, and soon began to tell her story, eliciting a new wave of tears. This student's participation made the patterns of grief and of the year's work more conscious for the group members, and as the end of the year approached a process of review and recapitulation began. Several students spoke of the value of the group and of problems of group experience. For the first time, students began to discuss and evaluate openly the role of the leader. When one newly bereaved student joined the group in its last few weeks, the old timers agreed that if the college were to offer such a group in following years, they would come at least in the beginning to help others along.

Summary

The bereavement group was a useful and appropriate service to offer on a college campus. In terms of helping students accomplish their grief work, participation in the group helped them maintain attention to the reality of their losses and prevented the all-too-easy delaying or distorting of the mourning process. Because they were in a group, they could not avoid their losses or their feelings about them. Being in a group with others suffering similar losses enabled the students to offer and accept sympathy, rather than to shrug it off as they did on campus; and the sympathy was able to elicit the strong, if undesired, distressing syndrome of grief reactions. They were able in the supportive group to see that their grief reactions, even "getting mean," were recognizable, understandable, and acceptable—even normal—human responses to the tragic finality of death. Recognized, accepted, and expressed, these responses could move forward toward the resolution of completing mourning. Because they were all involved in the same process but were at different points in the process, they could see the ups and downs, the changes, the tides of feeling that mourning entails.

These students seemed better able to reintegrate into college life than students who lacked such support. Evidence for this observation came from the comments of the students in the group, all of whom felt that without the group they would have had a harder time, and from a research project on parental death carried out by an undergraduate student.[23] These students did not feel as isolated or strange as they would have felt without the group; they were able to encourage each other in the process of restoring normal social interactions; and they helped each other find ways to talk about their losses and feelings with other students and adults on campus.

As the adult most knowledgeable about their feelings, the group leader, a clinical psychologist, assumed a special role for these students. It would seem that the clinician was more useful as a group leader than he would have been as a counselor working with individual students. Wolfenstein, for example, spoke about the efforts of bereaved adolescents to find substitutes for the lost parent in past or present relationships or to turn a therapist into a parent.[15] In this group, however, all the "siblings" could share grief with an available (not withdrawn or grieving) but not too intensely invested parental figure—feelings toward the clinician were diminished in intensity, a factor that itself eased the group process by lessening feelings of disloyalty to actual parents.

In the undergraduate study of anticipated and sudden grief at parent death, Garey noted that most students' grades went down after a

parent's death, and that most such students, including all those in her sample whose parents had died suddenly, made significant changes in occupational and educational plans (usually to delay, interrupt, or prolong schooling).[23] Garey also noted that students encountering a sudden death took twice as long to return to school as students who had expected the death. A support group can hasten both the literal return to school and the equally if not more important restoration of concentration and participation that reflects a genuine restoration of one's role in one's world.

Suggestions

Support groups such as the one described are worthwhile additions to mental health services on college campuses. Some suggestions about ground rules and effectiveness arise both from clinical observation and from comments of the students, who were asked for suggestions to make such a group more useful in the future.

Both students and clinician agreed that a bereavement group should be open to new members throughout the year. Openness, however, brought some problems. For example, one of the first students to join the group was also one of the first to leave (after five sessions), but did not notify the group. Other members voiced concern—had they missed something, offended the student who left, failed in some way? Fortunately, a continuing member met the student in question, who then sent a note explaining that the group had indeed been "exactly what I needed," and now seemed less necessary. The ground rule of openness requires a ground rule of informing: members who plan to leave should be asked to let others know in advance, as they would in any other group. As one student put it, "We need to be reminded—commitment and loyalty need emphasis—this is different from a class." Several students suggested that people make a commitment to attend some specific number of sessions (three or four) if they wish to continue after coming once.

Students also suggested a regular reminder about the importance of the ground rule of confidentiality, especially since the group is open, because students run into each other repeatedly on campus and form and maintain contact outside the group. One episode of gossip produced hurt feelings and put a severe strain on the group. The students also suggested that, whenever possible, absences should be announced in advance. They also returned to one of their early discoveries of similarity, in which all of them had bitterly recounted how someone or other had told them about "stages" of grief. "Don't tell us we're in a stage," said one student, "let us grieve as we are, in our own ways."

These suggestions about group process, familiar to group workers but

learned through direct experience by these students, were followed by a series of observations about participation in such a group, which the group members felt should be shared by old timers with newcomers in any similar group. The students emphatically stated that seeking support in a bereavement group was not self-indulgent; that the process was slow; that continuity of work was the key to eventual resolution; that each individual really did make a difference. They said it was possible to be involved, active, and helped, even if very quiet, simply by being truly present. As one student put it, "There were times of sparks, and times of embers."

The role of the leader in a bereavement group is in many ways similar to that of leaders in other groups, but it is also different in significant ways. Lindemann noted that "the essential task facing the psychiatrist is that of sharing the patient's grief work. . . ."[14] Sharing the raw and recent grief of so many people at once is hard, an experience more familiar to the clergy than to therapists. Clinicians faced with so much grief and so much strong and open feeling may find their work especially challenging and difficult. Group leaders cannot help but recall memories of their own losses and revive their own unfinished business with their parents. The impulse to avoid both the pain of the students and the pain within may impel clinicians to one or another form of distancing. This can lead to a detached "interpreting" rather than an involved participation. Group leaders must be especially alert to countertransference pressures to avoid the very same pains that trouble grieving students and that may lead to somewhat desperate efforts to seem wise, to become too much like peers, or to strive to be models of stoicism, expressiveness, or some preconceived style of grieving.

Paradoxically, clinicians may also be troubled by envy of the students in a bereavement group. Clinicians' envy of their college clients is not uncommon, for college students possess the youth and infinite possibilities in life that most clinicians have seen go by. In a bereavement group, this envy may be aggravated by two phenomena: first, student memories of loving family moments may upset clinicians whose own lives were not as advantaged; and second, clinicians may be struck by the recognition that the students, being younger, have much more life left to them than do the leaders.

Clinicians who are parents themselves may be consciously or unconsciously troubled by questioning of their own relationships to their children, by thinking about their own eventual deaths, and by images of how their own children will respond to their deaths. A final challenge is the necessity that the group leader be more open and self-revealing than is usual in traditional group therapy. Students in this group, for example,

asked the leader about his own experiences with death and even asked what, if any, kind of training to deal with death he had obtained in graduate school. It is important for the leader of a bereavement group to be appropriately open about his or her own past responses to death and to be open, even to the point of shedding tears of empathy, to the intense surges of emotion always current in such a group.

This group experienced several major tides and calms as well as constant strong currents and occasional upsetting turbulence. It is important for the leader to comment on these ups and downs of group process and thereby elicit the members' greater attention to themselves as people in process: in themselves, with their grief, and also with each other. It is important, too, for the leader to be active in helping the group develop rituals (as well as ground rules), from the wrinkling of noses at the first taste of morning coffee ("mourning coffee" was someone's inevitable pun) to the more significant form of introduction when newcomers arrive. Last, it is important for the leader to be very active as an articulator of time and season; holidays and breaks and semesters are the temporal shape of students' lives, and these students needed much reminding about their grief-distorted sense of time.

Conclusion

College students who experience the death of a parent are torn suddenly from the very people with whom they are intensely involved in a process of separation and restructuring. No longer children, they seek and fear adult entitlements and satisfactions. Not yet adults, they spurn, yet want, the dependent role of child. As Levinson noted, "The process of separation from parents continues over the entire life course. It is never completed. It is thus more accurate to speak not of separation, but of changes in the degree and kind of attachment in various key periods."[19] Attachment to parents is complex and tumultuous in the late adolescent and early adult years. To face the final detachment of death while the issues of attachment, independence, and individuation are so unsettled is especially taxing and painful. Adolescence is itself a period of great loss, a "farewell to childhood."[24] "All terminations," continued Levinson, "bring a sense of loss, a grief for what must be given up, a fear that one's future life as a whole will not provide satisfactions equal to those of the past—as well as hope and anticipation of a future brighter than the past."[19] A support group for bereaved college students can help its members face their grief with greater courage, accept the permanence of their loss, and come to see that they can return to the irrevocably changed world and still find hope in the future. A bereavement group also shows

its members that their losses will never be forgotten but may be transcended, and that such transcending can best be achieved by sharing their losses and helping others with similar losses. The last word belongs to the college student, herself bereaved, who undertook a study of responses to parental death. She wrote:

> Schools must be aware that the grieving process continues long after the funeral is over. Granting reduced course loads is not sufficient to serve these students. Support groups like [this] . . . aid tremendously in making the transition back into academic life much easier for adolescents after a parental death. Groups such as this are the exception, though, not the rule. Administrators, professors, and counselors must be aware and available if these adolescents are to successfully make the transition from crisis to a competent adulthood.[23]

NOTE

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REFERENCES

1. Adelson J (ed). *Handbook of Adolescent Psychology.* New York, Wiley, 1980.
2. Blaine G, McArthur CC. *Emotional Problems of the Student.* New York, Appleton-Century-Croft, 1961.
3. Bloom BL. *Psychological Stress in the Campus Community* (Community Psychology Series, 3, American Psychological Association Division 27). New York, Behavioral Publications, 1975.
4. Caplan G, Lebovici S. *Adolescence: Psychosocial Perspectives.* New York, Basic Books, 1969.
5. Farnsworth DL. *Mental Health in College and University.* Cambridge, Harvard University Press, 1957.
6. Farnsworth DL, Blaine G. *Counseling and the College Student* (International Psychiatry Clinic, vol 7, no 3). Boston, Little, Brown, 1970.
7. Gidden NS, Austin MJ. *Peer Counseling and Self-Help Groups on Campus.* Springfield, IL, Charles C. Thomas, 1982.
8. Hanfmann E. *Effective Therapy for College Students.* San Francisco, Jossey-Bass, 1978.
9. Heath DH. *Growing Up in College.* San Francisco, Jossey-Bass, 1968.
10. Madison P. *Personality Development in College.* Reading, MA, Addison-Wesley, 1969.

11. Sanford N (ed). *The American College.* New York, Wiley, 1962.
12. Sinnett ER. *Crisis Services for Campus and Community.* Springfield, IL, Charles C. Thomas, 1976.
13. Warnath CF et al. *New Directions for College Counselors.* San Francisco, Jossey-Bass, 1973.
14. Lindemann E. Symptomatology and management of acute grief. *Am J Psychiatry* 1944;101:141-148.
15. Wolfenstein M. How is mourning possible? *Psychoanal Study Child* 1966;21:93-123.
16. Freud S. Mourning and melancholia (1917), in Jones E (ed), *Collected Papers,* vol 4, pp 152-170. New York, Basic Books, 1959.
17. Blos P. The second individuation process of adolescence. *Psychoanal Study Child* 1967;22:162-186.
18. Erikson EH. *Childhood and Society.* New York, Norton, 1963.
19. Levinson DJ et al. *The Seasons of a Man's Life.* New York, Knopf, 1978.
20. Blos P. *Son and Father: Before and Beyond the Oedipus Complex.* New York, Free Press, 1985.
21. Yalom ID. *The Theory and Practice of Group Psychotherapy.* New York, Basic Books, 1975.
22. Budman SH et al. Short-term group psychotherapy: An adult developmental model. *Int J Group Psychother* 1980;30:63-76.
23. Garey J. Anticipatory grief versus sudden grief in the academic adjustment of adolescents after parental death. Unpublished manuscript, 1984.
24. Kaplan LJ. *Adolescence: The Farewell to Childhood.* New York, Simon & Schuster, 1984.

ROBERT J. BERSON is the past president of the Metropolitan College Mental Health Association in New York. His address is 915 West End Avenue, 6F, New York, NY 10025.

Behavioral and Sociocognitive Correlates of Ratings of Prosocial Behavior and Sociometric Status

NANCY EISENBERG
ELLEN CAMERON
JEANNETTE PASTERNACK
KELLY TRYON

ABSTRACT. Although peers' and teachers' evaluations of children's prosocial behavior and peers' sociometric ratings frequently have been used in studies of social development, the validity of young children's ratings of others has been questioned, as has that for teachers' ratings of prosocial behavior. In this study, preschoolers' ratings of peers' sociometric status and prosocial behavior, as well as teachers' ratings of children's prosocial dispositions, were obtained. These were correlated with children's naturally occurring prosocial or social behavior; ratings of prosocial behavior also were correlated with children's prosocial moral reasoning and prosocial self-attributions. Peers' sociometric ratings were positively related to children's sociability whereas prosocial ratings were related to helping (but not sharing) behavior. Teachers' ratings of prosocial behavior were not related to frequency of prosocial behaviors, but were positively related to developmentally mature moral judgments and self-reported motives.

IN STUDIES concerning children's prosocial and social functioning, it is not unusual for researchers to indirectly assess behavior with the use of teachers' or peers' ratings or nominations (e.g., Barnett & Thompson, 1985; Hymel, 1983; Payne, 1980; Rushton, 1980). Researchers frequently have failed, however, to examine the factors that are related to socializers' and peers' other-evaluations, especially ratings of prosocial tendencies.

Peers' report of prosocial behavior can be influenced by such factors as gender-role stereotypes (Zarbatany, Hartmann, Gelfand, & Vinci-

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guerra, 1985), peer acceptance, and friendship relationships (Ladd & Oden, 1979). Other factors that might affect adults' and peers' ratings of prosocial and social behaviors include the actual frequency of the given behavior or the perceived intent of the other when enacting relevant behaviors. Conceptually, one should expect prosocial behaviors, such as sharing and helping, to be positively related to actual frequency of performing such behaviors and to the quality (i.e., based on perceived intent) of those behaviors enacted; such a finding would support the view that there are individual differences in prosocial dispositions that are reflected in behavior (see Mussen & Eisenberg-Berg, 1977; Rushton, 1980). Nevertheless, although some researchers have noted a positive relation between school-aged children's actual prosocial behavior and behavioral ratings (see Mussen & Eisenberg-Berg, 1977; Rushton, 1980), others have not (e.g., Payne, 1980; Shigetomi, Hartmann, & Gelfand, 1981). Moreover, researchers seldom have examined the association of prosocial ratings with naturally occurring prosocial behavior; nor have they used ratings from preschoolers to assess peers' prosocial behavior.

Sociometric nominations of popularity have been positively related to a variety of indices of school-aged children's social competence, including positive social interaction, cooperative play, and the tendency to use prosocial problem-solving strategies (e.g., Dodge, Schlundt, Schocken, & Delugach, 1983; Hymel, 1983; Ladd, 1983; Renshaw & Asher, 1983; Putallez & Gottman, 1981; Rubin & Daniels-Beirness, 1983). Hymel (1983) has argued, however, that the validity of sociometric methods is questionable when used with preschoolers. A logical question, therefore, is whether preschoolers' sociometric nominations of peers relate to naturally occurring social behavior in a predictable manner. Thus, in the present study, the relations of peer sociometric ratings, as well as peer nominations of prosocial behavior, to social and prosocial behavior were examined. The relations of peers' nominations of prosocial tendencies to children's self-reported motives (self-attributions) for prosocial behavior and moral judgment were also assessed. Finally, the associations of teachers' ratings of prosocial behavior with actual prosocial behavior, peer nominations of prosocial behavior, moral attributions, and moral reasoning were examined. We hypothesized that children's ratings/nominations would be positively related to actual frequency of enacted analogous behaviors (i.e., prosocial behavior or non-negative peer interactions). In addition, because adults are more likely than children to use information related to motives when making attributions about others (see Eisenberg, 1986), teachers were expected to evaluate children's prosocial dispositions on the basis of both the frequency of such behavior and the child's moral cognitions (possibly reflecting motives) for prosocial actions.

Method

Subjects

The participants were 44 middle-class children (25 girls, 19 boys) in preschool classes for 4-year-olds (M = 53 months; range = 47 to 63 months). All except two were Caucasian.

Procedure

Peer nominations. Each child was interviewed individually. First, he or she was asked to nominate three peers (one at a time) who (a) help other children when they can't do something (helps), and (b) share toys with other children (shares). Next, in accordance with Asher, Singleton, Tinsely and Hymel's (1979) procedure, the child was asked to sort pictures of peers into three piles to indicate how much he or she liked to play with each other child in the class. For the scoring of the prosocial nominations, a first choice nomination received a score of 3; a second choice nomination, 2; and a third choice received a score of 1. A mean score was computed for each child by averaging the scores a child received from his or her same-sex classmates. Mean sociometric scores also were computed for same-sex sociometric evaluations. Only same-sex raters were used because children tend to rate other-sex peers lower than same-sex peers (Ladd & Oden, 1979; Singleton & Asher, 1977).

Teacher nominations. Three teachers and three teachers' aides in each of three classes rated each child in their class on a 6-point scale, ranging from *much less than average* (1) to *much more than average* (6), in terms of how likely the child was to (a) share materials or food with classmates, (b) help peers when they needed assistance with a task or activity, (c) play cooperatively with peers, (d) comfort a peer in distress, and (e) help or share with an adult.

Observations. The children's interactions during free play were videotaped through a one-way mirror when all children were indoors. The children were filmed for three 15-min sessions a week or two 20-min sessions a week for approximately 9 weeks. Each child was taped for a minimum of 28 min (M = 87 min; range = 28 to 146 min). Position of the camera was determined by dividing the classrooms into two to three sections and then moving the camera every 5 min in a random, predetermined order (with the constraint that each area be recorded during each filming).

The videotapes were coded by two persons into the following categories: sharing, helping, sociability, and requests for assistance. Sharing was coded if the child gave away or allowed another temporary use of a material object previously in the child's possession (but not as a part of a game; for example, sharing of tea cups when playing tea was not coded as sharing). Two types of sharing were coded: (a) spontaneous sharing (sharing that occurred without the child being requested [verbally or nonverbally] to share), and (b) requested sharing (sharing in response to a peer's verbal or nonverbal request). Helping was coded if the child attempted to alleviate another's nonemotional needs (e.g., assisted by helping another with a task, offered an object not previously in the giver's possession, assisted by giving important information; but these behaviors were not coded as helping if they occurred as part of cooperative play and involved completion of a mutual goal). Two types of helping were coded: (a) spontaneous helping, and (b) requested helping. Sociability was coded if the child engaged in neutral to positive social interactions with others, including greeting, exchanging information, or simply playing together with (a) teachers, and (b) peers. Requests for assistance were coded if the child asked for help or assistance, verbally or nonverbally, from (a) teachers or (b) peers.

Every instance of all the behaviors except sociability was coded. Sociability was coded for each 30-sec interval; during each interval the coders noted the number of peers and adults with whom a child engaged in nonnegative social interactions. Percentage of exact agreement (number of agreements/number of agreements plus number of disagreements), computed for all behavioral categories except sociability (for one-third of the data), was 78% or higher. Kappas were not computed for the reliabilities because we did not have a count of the number of times both coders agreed that a behavior did not occur (only occurrences were coded for such low frequency data). For the number of social interactions per minute with peers and adults, reliability coefficients were .98 and .99, respectively.

To control for the fact that children were filmed for varying amounts of time, frequencies for all the behavioral categories were divided by minutes observed (reliability for timings was .98). Moreover, because children could perform requested prosocial behaviors only when others requested them, children's raw frequency counts for requested sharing and requested helping also were divided by opportunities to share or help (number of times a peer asked the child to share or help, respectively). These indices (henceforth called requested helping/opportunities and requested sharing/opportunities) could, of course, be computed only for children who were requested to share or help one or more times. Because

all 18 children who were asked to help at least once always did so, this index for helping was dropped from the analyses.

Self-attributional (reasoning) data. Over a period of approximately 12 weeks (starting 3 weeks after the filming), one of three experimenters (two females, one male) was in the children's classroom for a period of 1 to 1½ hrs a session, two to three times a week (depending on the class schedule). The experimenter circulated around the play area, looking for instances of prosocial behavior. When such instances were observed, the experimenter casually approached the child and asked the child why he or she had performed the prosocial behavior (e.g., "Johnny, can you tell me why you gave some clay to Susie?"). The experimenter noted the child's response, as well as all details regarding the initiation of the act.

Both the circumstances under which the prosocial behaviors were initiated and the children's attributions regarding the behaviors were coded from the experimenters' detailed accounts of the incidents. The circumstances prior to performance of the prosocial behaviors were coded into two categories: (a) requested—the recipient verbally or nonverbally requested aid from the subject or in front of the subject; and (b) spontaneous—the recipient did not verbally or nonverbally request assistance. Percentage of exact agreement for the coding of the initiating circumstances was 90%.

The children's attributions were coded into the following categories (Eisenberg-Berg & Neal, 1979): (a) authority/punishment orientation (references to demands and/or punishment); (b) hedonistic orientation (child justifies behavior with references to expected gain for the self); (c) pragmatic orientation (child justifies behavior with practical, nonmoral reasons, e.g., "I wiped the table because it was wet"); (d) needs-of-others orientation, or needs-oriented reasoning (child refers to another's psychological or physical needs as a justification for behavior, e.g., "He wanted some clay"); (e) affectional relationship orientation (child justifies behavior with references to the relationship between him or herself and either the requester or the recipient of aid); (f) approval and interpersonal orientation (child justifies behaviors with references to social approval and/or the desire to enhance interpersonal interactions); and (g) stereotyped good/bad orientation (child justifies behavior with stereotyped reasons such as "It's nice to help"). The percentages of exact agreement between coders for each attribution category were all 82% or higher (Kappas = .51 or higher and .71 or higher for frequently used categories).

Each child was assigned seven percentage scores, one for each of the modes of moral reasoning used by the children (totaling 100%). If a child

used two types of reasoning in relation to a single incident, scoring for that particular incident was split between the two appropriate categories. Two sets of scores were calculated for each child, one for each of the two types of initiating circumstances.

Moral judgment data. Children's moral judgments about hypothetical prosocial moral dilemmas were assessed for a subsample of 18 children (those for whom we had parental permission). These children (50% of each sex) were presented with four moral dilemmas, each accompanied by illustrations (see Eisenberg-Berg & Hand, 1979). Each dilemma depicted a situation in which the needs and wants of the story protagonist were in conflict with those of another (or others) in a situation in which the role of authorities, punishment, laws, rules, and formal obligations were minimal. Standardized probes followed each story. Sex of the story character in the three stories with a single protagonist was matched to sex of the child.

The child's moral judgments were coded into the same categories used to score the attributional data. Each child was assigned scores indicating the frequency with which he or she used each of the various categories of reasoning when discussing the pros and cons of helping the needy other in the story dilemma (1 = no use of category; 2 = vague, questionable use; 3 = clear use; 4 = a major type of reasoning used). The scores for each category were summed across the stories, yielding summary scores that ranged from 4 to 16. Interrater reliabilities (Spearman correlations) were .78 or higher.

Results

The mean numbers of interviews per child for requested and spontaneous behaviors were 1.93 and 2.21. Only four types of self-attributions were used more than 10% of the time for spontaneous behaviors; hedonistic, 10.9%; affectional relationship, 11.4%; pragmatic, 36.2%; and needs-oriented, 33.6%. Only two types of self-attributions were verbalized more than 10% of the time for requested behaviors: pragmatic, 31.8%, and needs-oriented, 45.0%. Each of the four types of prosocial behaviors occurred approximately .01 times per minute. The means for peer and adult sociability were .50 and .35, respectively.

The teachers' five nominations and the aides' five nominations each intercorrelated at .44 to .65. Thus, a composite prosocial rating score was computed for each aide and each teacher by summing the five ratings. Teachers' and aides' composite scores were significantly positively related, $r(42) = .55$, $p < .01$. Peers' ratings of helping and sharing were positively related, $r(42) = .30$, $p < .045$. The sociometric popularity in-

dex was unrelated to peer-rated prosocial behaviors. Peer and teacher indices of prosocial behavior were unrelated.

Peer Nominations

Peer nominations of helping and sharing were correlated with comparable behavioral indices whereas sociometric popularity scores were correlated with both the observational prosocial and sociability indices. Peer nominations of helping were positively related to observed requested helping, $r(41) = .31$, $p < .047$. Nominations of sharing were unrelated to sharing behavior. The sociometric index of popularity was positively related to frequency of peer interactions, $r(41) = .35$, $p < .021$, but not to frequency of sociability with adults, helping behavior, or sharing behavior. These findings suggest that the sociometric index was tapping social rather than prosocial behavior, and that children distinguished between the two.

Peer nominations also were correlated with those aforementioned categories of attribution used, on average, more than 10% of the time and the two frequently used categories of moral judgment—needs-oriented and hedonistic reasoning. Peer nominations of helping were negatively related to needs-oriented attributions for children's spontaneous prosocial behaviors, $r(42) = -.54$, $p < .001$, and were positively related to pragmatic attributions, $r(42) = .50$, $p < .001$ (see Table 1). Peer nominations of helping and popularity were unrelated to self-attributions or moral judgment.

Teachers' Ratings

The composite prosocial score for teachers' ratings also was correlated with the observational prosocial indices and the aforementioned frequently used attribution and moral judgment indices. Teachers' ratings were negatively related to children's self-reported hedonistic motivations for spontaneous prosocial actions. $r(41) = -.40$, $p < .008$, and positively related to children's pragmatic explanations for requested behaviors, $r(28) = .43$, $p < .018$. Teachers' ratings were unrelated to self-reported motives for the remaining categories of motives. Moreover, teachers' prosocial ratings were negatively related to children's use of hedonistic moral reasoning, $r(16) = -.50$, $p < .047$. Finally, teachers' ratings were unrelated to observed behavior (see Table 1). The same pattern of relations was found when teachers' and aides' ratings for the children were averaged and used in the correlations.

Table 1.—Interrelations Among Indices of Prosocial Behavior and Moral Cognitions

Children's indices	Peer nominations		Teachers' ratings of prosociality
	Helping	Sharing	
Behavior			
Requested helping	.31*	−.24	−.16
Requested sharing	−.06	.04	.05
Spontaneous helping	−.28	−.14	.21
Spontaneous sharing	−.17	−.20	.06
Motives			
Pragmatic: requested	−.18	−.08	.43*
Needs-oriented: requested	.03	.27	−.26
Hedonistic: spontaneous	.06	.11	−.40**
Needs-oriented: spontaneous	−.54***	−.21	.12
Affectional relationship: spontaneous	−.09	.01	.20
Pragmatic: spontaneous	.50***	.18	.09
Moral reasoning			
Hedonistic	−.21	−.21	−.50*
Needs-oriented	.28	.07	.17

*$p < .05$. **$p < .01$. ***$p < .001$.

Discussion

The results of the present study can be interpreted as evidence that preschoolers' evaluations of classmates often are based, at least in part, on actual behavior. Consistent with some prior work (e.g., Hymel, 1983; Rubin & Daniels-Beirness, 1983), peer sociometric indices of popularity were positively related to observed frequency of non-negative peer interactions. This finding suggests that young children are capable of making valid sociometric evaluations.

Nominations of helping were positively related to frequency of requested helping behavior. It is possible that peers' requested helping actions are more salient to young children than are their spontaneous actions because of the obvious cue (the request) that precedes a requested action. In contrast, sharing behaviors were not significantly related to peer evaluations of sharing (or helping). Perhaps this is because acts of spontaneous sharing sometimes are not appreciated by peers (if they did not want the shared object) whereas acts of requested sharing frequently

may occur when a child has been monopolizing desirable materials (and therefore the sharer is not viewed as prosocial).

Unexpectedly, young children's other-evaluations of helpfulness were positively related to peers' pragmatic self-attributions for spontaneous prosocial behaviors and negatively related to needs-oriented (other-oriented) self-attributions for such behavior. The former finding may be because pragmatic attributions for spontaneous behaviors were positively related to frequency of spontaneous helping, $r(41) = .34, p < .03$. Thus, frequency of peers' actual helping, not frequency of pragmatic attributions, may have influenced the children's nominations. We have no ready explanation, however, for the negative correlation between nominations of helpfulness and peers' needs-oriented self-attributions.

Teachers' ratings of prosocial behavior were unrelated to peers' nominations of helping or sharing. Thus, teachers' and peers' ratings seemed to be based on different variables. This is not surprising given that prosocial behaviors directed towards adults seem to differ in psychological significance from those directed towards peers (Iannotti, Zahn-Waxler, Cummings, & Milano, 1987; Savin-Williams, 1987). Moreover, teachers often may value compliant prosocial behaviors more than do peers (Eisenberg, Cameron, Tryon, & Dodez, 1981). Thus, one would not necessarily expect teachers and young children to agree on their assessments of children's prosocial tendencies.

Interestingly, teachers' ratings seemed to be based on the absence of hedonistic intent when enacting prosocial actions (as reflected in children's moral judgments and self-attributions) and not on quantity of a given type of behavior. This may be because teachers are more concerned than peers with children's intentions and motives and, like most adults, have learned to use motives to evaluate another's altruism. Young children do not discount the kindness of prosocial actions that result in personal gain (indeed, they often rate them as especially kind), whereas elementary-school children and adults do (see Eisenberg, 1986, for a review of the research). Moreover, young children, when evaluating others' kindness, should be prone to focus merely on the amount of prosocial behavior rather than on others' internal motives because preschoolers tend to characterize and evaluate others based primarily on concrete, observable cues and behaviors (Shantz, 1983). In contrast, adults are much more likely to use internal states (e.g., motives) to evaluate another and his or her behavior (Shantz, 1983). The results for the teachers must be viewed as tentative, however, because of the small number of teachers involved in this study.

In summary, the results of this study are consistent with the view that preschoolers' and teachers' ratings of young children's social and/or

prosocial behavior can be useful indices of behavior, but may reflect different factors for different raters. Obviously, care must be taken when interpreting the significance of such ratings in research concerning social development. Nonetheless, the data suggest that children's ratings reflect, to some degree, quantity of prosocial behavior, whereas teachers' ratings reflect the prosocial actor's probable motives for acting in a prosocial manner.

REFERENCES

Asher, S. R., Singleton, L. C., Tinsely, B. R., & Hymel, S. (1979). A reliable sociometric measure for preschool children. *Developmental Psychology, 15*, 443–444.

Barnett, M. A., & Thompson, S. (1985). The role of affective perspective-taking ability and empathic disposition in children's Machiavellianism, prosocial behavior, and motive for helping. *Journal of Genetic Psychology, 146*, 295–305.

Dodge, K. A., Schlundt, D. C., Schocken, I., & Delugach, J. D. (1983). Social competence and children's sociometric status: The role of peer group entry strategies. *Merrill-Palmer Quarterly, 29*, 309–336.

Eisenberg, N. (1986). *Altruistic emotion, cognition, and behavior.* Hillsdale, NJ: Erlbaum.

Eisenberg, N., Cameron, E., Tryon, K., & Dodez, R. (1981). Socialization of prosocial behavior in the preschool classroom. *Developmental Psychology, 17*, 773–782.

Eisenberg-Berg, N., & Hand, M. (1979). The relationship of preschoolers' reasoning about prosocial moral conflicts to prosocial behavior. *Child Development, 50*, 356–363.

Eisenberg-Berg, N., & Neal, C. (1979). Children's moral reasoning about their spontaneous prosocial behavior. *Developmental Psychology, 15*, 228–229.

Hymel, S. (1983). Preschool children's peer relations: Issues in sociometric assessment. *Merrill-Palmer Quarterly, 29*, 237–260.

Iannotti, R. J., Zahn-Waxler, C., Cummings, E. M., & Milano, M. (1984, April). *The development of empathy and prosocial behavior in early childhood.* Paper presented at the annual meeting of the American Educational Research Association, Washington, D.C.

Ladd, G. W. (1983). Social networks of popular, average, and rejected children in school settings. *Merrill-Palmer Quarterly, 29*, 283–307.

Ladd, G. W., & Oden, S. (1979). Relationship between peer acceptance and children's ideas about helpfulness. *Child Development, 50*, 402–408.

Mussen, P., & Eisenberg-Berg, N. (1977). *The roots of caring, sharing, and helping.* San Francisco: Freeman.

Payne, F. D. (1980). Children's prosocial conduct in structured situations and as viewed by others: Consistency, convergence, and relationships with person variables. *Child Development, 51*, 1252–1259.

Putallez, M., & Gottman, J. M. (1981). Social skills and group acceptance. In S. R. Asher & J. M. Gottman (Eds.), *The development of children's friendships* (pp. 116–149). Cambridge: Cambridge University Press.

Renshaw, P. D., & Asher, S. R. (1983). Children's goals and strategies for social interaction. *Merrill-Palmer Quarterly, 29*, 353–374.

Rubin, K. H., & Daniels-Beirness, T. (1983). Concurrent and predictive correlates of sociometric status in kindergarten and grade 1 children. *Merrill-Palmer Quarterly, 29*, 337–351.

Rushton, J. P. (1980). *Altruism, socialization, and society.* Englewood Cliffs, NJ: Prentice-Hall.

Savin-Williams, R. C. (1987). *Adolescence: An ethological perspective.* New York: Springer-Verlag.

Shantz, C. V. (1983). Social cognition. In P. H. Mussen, J. H. Flavell, & E. M. Markman (Eds.), *Handbook of child psychology: Vol. 4, Cognitive development* (pp. 494–555). New York: Wiley.

Shigetomi, C., Hartmann, D. P., & Gelfand, D. M. (1981). Sex differences in children's reputations for helpfulness. *Developmental Psychology, 17*, 434–437.

Singleton, L. C., & Asher, S. R. (1977). Peer preferences and social interaction among third-grade children in an integrated school district. *Journal of Educational Psychology, 69*, 330–336.

Zarbatany, L., Hartmann, D. P., Gelfand, D. M., & Vinciguerra, P. (1985). Gender differences in altruistic reputation: Are they artifactual? *Developmental Psychology, 21*, 97–101.

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NANCY EISENBERG, ELLEN CAMERON, JEANNETTE PASTERNACK, and KELLY TRYON are members of the Department of Psychology at Arizona State University.

Address:
Nancy Eisenberg
Department of Psychology
Arizona State University
Tempe, AZ 85287-1104

BOOK REVIEW

TITLE: *Psychotherapy Through Clinical Role Playing*
AUTHOR: David A. Kipper
PUBLICATION DATE: 1986
PUBLISHER: Brunner/Mazel, New York
PRICE: $40

This book is primarily about psychodrama. Of the 12 chapters in the book, 9 are devoted to psychodrama, its techniques, and examples of Kipper's applications of the method with groups, families, and individuals.

The book's author, David Kipper, is a psychodramatist of considerable experience, having been trained by both J. L. and Zerka Moreno.

He is also a clinical psychologist who is an associate professor in the Department of Psychology at Bar-Ilan University in Israel and the director of the Behavior Simulation Unit at the Office of Continuing Education at the University of Chicago. In both capacities, he is in contact with students and therapists who want to learn about different forms of role playing without having to subscribe to the theories that gave rise to the methods. In his book, Kipper provides a conceptual frame of reference, rather than a "bag of tricks." Thus he has chosen the term *clinical role playing* to include psychodrama of J. L. Moreno, fixed role therapy of George A. Kelly, behavior rehearsal of J. Wolpe and A. A. Lazarus, and other therapeutic methods that use some form of role playing.

Role playing is, in turn, one aspect of a larger concept of *behavior simulation* that Kipper suggests includes all forms of simulated interventions used in connection with the treatment of people. He summarizes the characteristics of behavior simulation in two paradigms. One is for the Behavior (B) factor that includes the actual responses of participants in a simulated situation. The responses can either be spontaneous or mimetic, in that they follow a model that is real or pretend. The second paradigm is for the Environmental (E) factor that includes the situational background.

The paradigm for the B factor includes a set of distinctions concerning whether the model whose behavior is to be copied is either present or absent and is either the self or some other person, and also whether the be-

havior is unspecified or prescribed. This yields six main categories of role plays because the self cannot be a model when the client is absent. Kipper hopes that this paradigm will provide a general frame of reference, which will make it possible to classify different role play events, and make comparative research possible. He offers three hypotheses: that spontaneous behavior is associated with integrative processes, that mimetic-pretend behavior elicits disinhibition and cognitive functioning, and that mimetic-replication leads to learning through modeling.

He notes that there is a problem in using any new category system for existing research because few studies are reported in enough detail to determine their exact place in the paradigm. He does, however, report on four studies of his own that contrast different types of role play.

Concerning the E factor, he hypothesizes that it is better if the simulation is close to real life. Because previous research reports differences between behavior in role-playing sessions and real life, Kipper suggests that it may be important that only the pattern and kind of behavior be the same and not the behavioral manifestations and magnitude. His paradigm for the E factor has three categories of resemblance to the actual physical context (none, approximation, and exact) and three categories of the resemblance of auxiliary actors to the original roles or persons (none, approximation, and exact). This category system generates nine different types of simulated environments. Although Kipper can identify some environments where one or both aspects are exact, for example, in family therapy or a flight simulator for pilot training, in most cases some approximation is involved. Psychodrama fits in the middle cell in the paradigm, where both the context and the other roles are approximated.

Unfortunately, Kipper reports that there is not sufficient research to compare the differences in outcome from these types of simulated experiences. Further, other than repeating Moreno's ideas about types of spontaneity and creativity, Kipper has not yet suggested categories for the analysis of role behavior that would make systematic comparisons possible. Thus, although these paradigms, and the classification of types of techniques, represent a major advance over the typical psychodrama texts that give lists without any attempt to systematize, further work is possible in this direction. To Kipper's credit, he is unusual because, as a clinician, he has taken the time from application to consider the more theoretical aspects of the uses of clinical role playing.

Chapter 1 presents a brief history of the emergence of role playing as a form of psychotherapy. Chapter 2 gives the paradigms for the B and E factors described above. By Chapter 3, although entitled "therapeutic principles of behavior simulation," the focus has shifted to psychodrama. This becomes very evident in Chapter 4, which discusses the

structure of the session and its stages and gives a detailed account of the warm-up, action, sharing, and analysis stages of a typical psychodrama. Chapter 5 focuses on planning the scenario, with advice on the length of time for a session and the desirable behavior for therapist, client/protagonist, auxiliaries, and audience. Chapters 6, 7, 8, and 9 list specific and general basic techniques and situational techniques. Chapters 10 and 11 give examples of Kipper's applications of psychodrama in group, family, and individual therapy. Chapter 12 is more general, with a discussion of clinical role playing in the present and future.

The therapeutic principles (Chapter 3) are based on those for psychodrama given by Zerka Moreno. There are five. Clinical role playing should be: (1) based on concrete portrayals, (2) authentic behavior (portrayed in the here and now, with maximum client involvement, and spontaneity), (3) selective in the magnification of time dimensions and the externalization of internal processes, (4) a vehicle for expanded learning experiences (by providing a sheltered environment, corrective experience, and "surplus reality"), and (5) a succession of interrelated simulated episodes. To these, Kipper adds three principles of all therapy: (1) adequate relationship to the client, (2) responsibility to an ethical code, and (3) confidence in one's interventions.

In Chapters 6 and 7, Kipper distinguishes between basic psychodrama techniques that are specific, in that they may be used at any point in a drama, and those that are general, in that they are forms of psychodrama. Nine basic techniques are described: self-presentation, role playing, dialogue, soliloquy, double (single or multiple), aside, role reversal, empty chair, and mirror. For each technique, he provides instructions, indications of when it may be used, and contraindications. The general subgroup of techniques includes future projection, time regression, spontaneity test, dream technique, psychodramatic shock, and role playing under hypnosis (or some other altered state of consciousness).

In Chapter 8, he provides a paradigm for classifying situational techniques because there are so many of them, and new ones are continually being invented. These tend to be "content bound," including impromptu, adaptive, and rehearsed techniques. The purpose of situational techniques is to address therapeutic needs. Although the list of needs depends on the therapist's theory, Kipper does not provide one. His classification scheme has three dimensions: (1) modes of eliciting the issue (implicit or explicit), (2) modes of structuring the issue (concrete similes or abstract metaphors), and (3) the constituency of the technique (individual or group).

In Chapter 9, examples are given of four prototypes of situational techniques. Each can be used with an individual or in a group setting.

- Implicit elicitation/similes (examples: kicking an obstacle, blindfolded encounters)
- Implicit elicitation/metaphors (examples: magic shop, life boat)
- Explicit elicitation/metaphors (examples: Russian doll, work values exercise)
- Explicit elicitation/similes (examples: barrier, action sociometry)

In the closing chapter on the present and future of clinical role playing, Kipper notes that there has been such a small amount of research comparing psychodrama with role playing that one cannot say when one or the other would be most effective. There are also differences of opinion concerning whether psychodrama should be used as a main therapy or only as an adjunct to other forms of therapy. He surmises that clinical role playing in the future will have two formats—one as psychodrama with a set of interrelated scenes and the other as role rehearsal with a focus on new behaviors.

If one wishes to quibble about some aspects of the book, one could note that prototypes three and four of the situational techniques (p. 235) are not listed in the order of the paradigm. Or one might wonder why the basic technique of self-presentation includes being interviewed in the role of someone else, for example, a family member, rather than considering this type of interview as an instance of role reversal. Or one might hope that in the next edition Kipper will use the term *paradigm*, or some similar term, for his figures representing sets of concepts to be used in classifying types of behavior simulations. In this edition, he used the term *model* to refer both to the paradigm and to the person whose actions are to be copied by the client (the model). This requires a little extra alertness on the part of the reader to follow which model is being discussed.

On the whole, however, the book is well organized, well written, and well produced. The detailed descriptions of procedures makes it very useful as a handbook for persons in training as psychodrama directors, especially those being trained in a university setting where there may be more appreciation of the paradigms and the discussions of research results.

A. PAUL HARE

A. PAUL HARE is a professor of sociology in the Department of Behavioral Sciences, Ben-Gurion University, Beer Sheva 84105, Israel.

Let performers actually improvise.

Echoes of Moreno

Among Moreno's other accomplishments, his venture into drama, with his founding of the Theatre of Spontaneity in Vienna, provided an important stimulus to his belief in spontaneity-creativity as central to mental health. His Vienna theatre opened in 1921.

The Wall Street Journal of January 7, 1987, published a discussion in the section Leisure & Arts on "Art vs. Life: Grappling with Pirandello," by Edwin Wilson. The critic describes an experimental production of the American Repertory Theater in Cambridge, Massachusetts, of Luigi Pirandello's "Tonight We Improvise."

To quote Mr. Wilson: "The conceit in 'Tonight We Improvise' is that there is no script for the play, only a short story by Pirandello that the actors use as the basis for improvised scenes. The director explains the experiment to the audience and raises the questions about life and art: Where does one end and the other begin? . . .

"The basic flaw in 'Tonight We Improvise,' which existed in Pirandello's original script but is even more pronounced here, is that we do not for one moment believe that any of this is improvised. . . .

"How truly daring it would be to let these performers actually improvise. Most actors today are trained to do just that, and it would be exciting to see what they could come up with."

Mr. Wilson seems to be speaking *our* language.

ZERKA T. MORENO

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May 12-14

Speakers

Samuel C. Klagsbrun, MD—Psychodrama: A Most Precious Though Neglected Tool for In-Patient Psychiatry

René Marineau, PhD—J.L. Moreno: Poetic and Psychological Truth vs. Historical Truth

Jonathan D. Moreno, PhD—Can Group Therapies Be Ethical?

Invited Presentations

(partial listing)

Psychodrama as Community Ritual
Zerka T. Moreno

Principles and Processes of Group Psychotherapy: Past, Present, and Future
Dale Richard Buchanan, MS, G. M. Gazda, EdD, Mary Nicholas, MEd, and others

Ten Major Opportunities for Sociometric Technology in Corporate Achievement
Robert R. Blake, PhD, and Ann McCanse

Psychodrama and Action Techniques in Clinical Settings
Elaine Eller Goldman, PHD and Delcy Schram Morrison, MA

PsychoOpera
Toby Klein, MSW

Sociometry for the Hesitant Clinician
Robert W. Siroka, PhD

Psychodrama Beyond Catharsis
James M. Sacks, PhD

Imagination Is More Important Than Knowledge: A Sociodrama
Marcia J. Karp, MA and Ken Sprague

Acceptance of and Resistance to Sociometric Position
Ann E. Hale, MA

Another Look at Moreno's Theory of Spontaneity, Creativity, and Child Development
Jacqueline Dubbs-Siroka

The Sociometric Vision
Peter Mendelson, PhD

Role Dynamics: A Comprehensive Theory of Psychology
Adam Blatner, MD

Training Workshops
(partial listing)

Fundamentals of Psychodrama (full day)
Peter J. Rowan, Jr.

Psychodrama: Its Application to A.C.O.A. and Clinical Abuse Treatment (full day)
Robert L. Fuhlrodt, MSW

Living in the Age of Aids: Perspectives and Commitments (full day)
Neil M. Passierello, MEd and Ray Jacobs, MA; Irwin Stahl, MA, coordinator

Psychodramatic Treatment of Dreams (half day)
Greta A. Leutz, MD

Types of Warm-up: Imagery, Structured, Sociometric, Existential (half day)
Eugene Eliasoph

Psychodrama Training: Autotele to Zoomaton (full day)
David F. Swink, MA

Using Sociodrama: A Safe Route to Deep Sharing (half day)
Antonina Garcia, EdD

Psychodrama and Eating Disorder Treatment (half day)
Jean Peterson and Dick Grachek

Genosociogram: Family Roots and Invisible Family Loyalties (half day)
Anne Schutzenberger, PhD

Also: Awards Banquet, the Original Playback Theater, and more

Program Committee Chair: Jacqueline Dubbs-Siroka
Co-Organizers: Christine Jacobson and Jonathan Fox
Registration: Conference member $150; non-member $200; student $75
All-day training workshop $65
Half-day training workshop $35
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Hotel—$95 single; $115 double

Because, this year, all presenters have been invited in honor of the Moreno Centennial, there will not be a call for participation.

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2. Each manuscript must be accompanied by an abstract of about 100 words. It should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the JGPPS, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.
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6. Accepted manuscripts are normally published within six months of acceptance. Each author receives two complimentary copies of the issue in which the article appears.
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The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, M.D., in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama & Sociometry* founded in 1947 by J. L. Moreno, the first journal devoted to group psychotherapy in all its forms.

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