Clark

VOLUME 53, Nos. 3-4 FALL 2000/WINTER 2001

The International Journal of Action Methods

Psychodrama, Skill Training, and Role Playing

Published in Cooperation With the American Society of Group Psychotherapy and Psychodrama

Founded by J. L. Moreno

The International Journal of Action Methods

Psychodrama, Skill Training, and Role Playing

Formerly the **Journal of Group Psychotherapy, Psychodrama and Sociometry**

Volume 53, Nos. 3-4 ISSN 1096-7680 Fall 2000/Winter 2001

Contents

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing (ISSN 1096-7680) is published quarterly by Heldref Publications, 1319 Eighteenth Street, NW, Washington, D.C. 20036-1802, (202) 296-6267; fax (202) 296-5149, in conjunction with the American Society of Group Psychotherapy and Psychodrama. Heldref Publications is the educational publishing division of the Helen Dwight Reid Educational Foundation, a nonprofit 501(c)(3) tax-exempt organization, Jeane J. Kirkpatrick, president. Heldref Publications is the operational division of the foundation, which seeks to fulfill an educational and charitable mission through the publication of educational journals and magazines. Any contributions to the foundation are tax deductible and will go to support the publications.

Periodicals postage paid at Washington, DC, and at additional mailing offices. POSTMASTER: Send address changes to **The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing**, Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

The annual subscription rate is $87 for institutions and $52 for individuals. Single-copy price is $21.75. Add $12.00 for subscriptions outside the U.S. Allow 6 weeks for shipment of first copy. Foreign subscriptions must be paid in U.S. currency with checks drawn on U.S. banks. Payment can be charged to VISA/MasterCard. Supply account number, expiration date, and signature. For subscription orders and customer service inquiries **only**, call 1-800-365-9753. Claims for missing issues made within 6 months will be serviced free of charge.

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing is indexed, scanned, or abstracted in *Applied Social Science Index & Abstracts, Child Development Abstracts & Bibliography, Family Resources Database, Health & Psychosocial Instruments, Innovation & Research, Linguistic & Language Behavior Abstracts, Mental Health Abstracts, Psychological Abstracts, PsycINFO Database, Sociological Abstracts,* and *Social Planning/Policy & Development Abstracts.*

Reprints (orders of 50 copies or more) of articles in this issue are available through Heldref's Reprints Division. Microform editions of the journal are available from ProQuest Information and Learning, Serials Acquisition Department, 300 North Zeeb Rd., Ann Arbor, MI 48106.

HELDREF PUBLICATIONS

Sociometry Reconsidered: The Social Context of Peer Rejection in Childhood

TOM W. CADWALLADER

ABSTRACT. The author describes the theoretical foundations and current applications of sociometric measures to peer-relations research. The author also critically evaluates the conversion of the sociometric test from an assessment of group interactions to a measure of individual popularity. He portrays modern sociometric concepts of preference and inclusion as constructs that lack reference to explicit elements of behavior. He endorses social network analysis as a measure of affiliative activities and as a method for defining homogenous reference groups. He discusses implications for intervention and prevention. The developmental model is represented to account for the multiple determinants of competence in peer relations.

Key words: peer relations, social networks, sociometric rejection, sociometry

> [A person] has as many social selves as there are individuals who recognize him and carry an image of him in their mind[s]. . . . But as the individuals who carry the images fall into classes, we may practically say that he has as many different social selves as there are distinct groups of persons about whose opinions he cares.—William James, 1890, p. 294

DEVELOPMENTAL LITERATURE ON PEER RELATIONS is divided by least two theoretical perspectives. According to one view, genetic disposition and the quality of maternal attachment in infancy are thought to govern affiliative behaviors and later social competence (Ainsworth, 1969; Moffitt, 1993). From that standpoint, proficiency in peer relations and acceptance by peers reflects inherited characteristics coupled with the early internalization of behavioral constraints, values, and social norms. Harris (1995) proposed that peer relations should be considered solely in interaction with genetic influences and that maternal or familial interactions count for little in social development. An alternative perspective holds that affiliative relations are primarily an expression of ongoing adaptive processes. Understanding the

dynamics of those processes requires scrutiny of individual behavior over time, in the context of tangible social connections (Bronfenbrenner, 1944a; Cairns, 1979). In this review, I explore the evolution of sociometry in peer-relations research as a reflection of those differing viewpoints.

I do not intend to question the many contributions of sociometry to our understanding of social development. Rather, my goal is to illustrate how differences in theoretical perspective have produced concomitant changes in sociometric methods and interpretation as applied to developmental research. The analysis suggests that present-day incarnations of sociometric measurement represent a significant departure from the foundational work in that area. Sociometric measurement has shifted from a means of analyzing group interactions to an assessment of individual adjustment. Researchers have assessed the impact of that shift. Bukowski and Cillessen (1998) noted that recent advances in sociometry represent a return to the principles espoused by J. L. Moreno and his contemporaries. I describe recent advances and discuss the importance of linking contextual information to measures of social inclusion.

Sociometry Then: The Primacy of the Social Group

Moreno traced the roots of sociometry to the publication of his book *Das Stegreiftheater* in 1923 (Moreno, 1934/1953). His magnum opus on the subject came in 1934 with the publication of *Who Shall Survive? A New Approach to the Problem of Human Interrelations.* Moreno attributed the theoretical foundations of sociometry to the work of J. M. Baldwin, social behaviorist G. H. Mead, C. H. Cooley, W. I. Thomas, and particularly John Dewey. Also influential in Moreno's thinking were the work of Darwin and the neo-Darwinian view of natural selection. Sociometry was developed in concert with Moreno's interest in psychodrama, group psychotherapy, and group dynamics. As such, it is a method intended to measure certain tensions: the conflict between existing and desired configurations of groups and the frictions among individuals within the group. The measurement employed by Moreno was called the *sociometric test.* He described the test as "an instrument which examines social structures through the measurement of the attractions and repulsions which take place between the individuals within a group" (1934/1953, p. 93). Moreno did not consider that an individual's situation within a single group or function (such as school, home, or work) was necessarily reflective of that individual's overall status. To the contrary, he wrote, "It was found that chosen relations and actual relations often differ, and that the position of an individual cannot be fully realized if not all the individuals and groups to which he is emotionally related are included" (pp. 93–94).

Moreno's sociometric test was not a test in the usual sense. It was actually a nomination procedure that involved asking participants to identify the individ-

uals with whom they are connected, and with whom they wish to be connected, relative to a specific circumstance. For example, a participant might be asked, "With whom do you work in proximity?" and "With whom do you wish to work in proximity?" From the responses to those questions, a sociogram can be constructed, which "depicts by means of a set of symbols the two-way or interpersonal relations that exist between members of a group" (p. 719).

Two points are noteworthy about Moreno's conception of the sociometric test. First, choices were always based on a specific criterion, or particular situation, such as "work with, study with, live with, play with, etc." The choice situation must be "*meaningful* and *interesting* to the subjects" (Bjerstedt, 1956, italics in original). The choice was never open-ended, such as, "Whom do you like (or dislike)?" Gronlund (1959, p. 44) described the open-ended choice as a near-sociometric procedure, of "doubtful value" when employed for the pragmatic purpose of determining individual acceptance and group structure in a specific setting, such as in a classroom.

The sociometric test was intended to reveal information about individuals in their relationships to groups, in the context of their mutual activities. Followers of Moreno cautioned against using sociometry as a diagnostic tool. As Northway (1952/1967) observed, "Whether a score obtained in one group predicts the score which would be obtained in another group would have to be determined by giving tests to different groups to which an individual belonged . . . and discovering the constancy of his status" (p. 34). In reviewing comparisons of the sociometric test to results obtained from the Rorschach and Rosenzweig tests, Northway (1952/1967) noted that "sociometric status should not be interpreted as a direct measure of adequacy of *personality structure* or *inner psychological health*" (p. 37, italics in original).

Second, Moreno (1934/1953) recognized the cleavage between sociometric status, which he defined as the number of times an individual is chosen by other individuals for their mutual activities, and position within the group (p. 720). To Moreno, the social roles occupied by nominee and nominator(s) were an important factor in the assessment of an individual's adjustment within a group. That is, not every choice or nomination was equal in weight or importance.

In sum, the sociometry of Moreno was concerned with the frictions and tensions that might exist between individuals and within groups under particular conditions. Moreno expected to find conflict in groups and believed that the appropriate alignment of people in proximity to one another reduced that conflict. The sociometric test was intended to measure individual acceptance in the context of group structure. The status of individuals as depicted in sociograms (i.e., diagrams of the social linkages between participants in two-dimensional space) was perceived to be their status in an explicit situation, and not necessarily reflective of their social adjustment.

Attention to sociometry declined with the onset of World War II (Renshaw,

1981). As that war waned, Bronfenbrenner (1944a) tackled several issues related to "experiment and inference" in sociometry. One important aspect of that discussion was Bronfenbrenner's observations about sociometric neglect, rejection, and stardom. In general, his comments were a response to the dangers of rigid classification of low choice (neglected/sociometric rejected) as well as highly nominated individuals (stars). He concluded,

> The proper evaluation of social status and structure requires the envisagement both of the individual and the group as developing organic units. Piecemeal analysis, fixed in time and space, of isolated aspects and attributes is insufficient and even misleading, for the elements of social status and structure are interdependent, organized into complex patterns, and subject both to random and lawful variation. (1944a, p. 75)

Another influential publication of the time was Northway's (1944) "Outsiders: A Study of Personality Patterns of Children Least Acceptable to Their Age-Mates." In that 2-year longitudinal study, Northway selected the children who fell into the lowest quartile on the sociometric test. She labeled those children "outsiders." Northway identified not one but three subcategories of outsider: the "recessive" children, the "socially uninterested" children, and the "socially ineffective" children (Northway, 1944).

Two important assumptions are reflected in Northway's investigation. Her first and most significant assumption was that one could use the sociometric status of children to place children into categories of personality type (e.g., recessive, socially uninteresting, socially ineffective). This conversion of the test into a measure of typology seemed to be less than consistent with Moreno's original intentions. The second assumption was that sociometric status is an enduring quality and that low status requires early intervention "by which personalities in their still plastic stages may be guided towards better social integration" (Northway, 1944, p. 10).

Gronlund: "Dubious Procedures and Hasty Generalizations"

In 1957, Gronlund and Anderson published *Personality Characteristics of Socially Accepted, Socially Neglected, and Socially Rejected Junior High School Pupils.* That investigation attempted to distinguish the characteristics of the socially neglected and rejected pupils, as defined by the sociometric test. In that work, Gronlund and Anderson made explicit the modern definition of sociometric rejection—that rejected-status children are distinguished by being actively disliked.

Gronlund returned to the association between behavioral characteristics and social acceptability in his 1959 book, *Sociometry in the Classroom.* In that lucid treatment of the subject, Gronlund described the test and its application in detail, including the construction of the matrix table and sociogram, on the basis

of Northway's and Bronfenbrenner's refinements of Moreno's original work. As Gronlund observed, the sociogram has the advantage of presenting "all of the mutual relations . . . at once, and the otherwise complex process of attraction and repulsion among group members becomes readily apparent" (p. 72).

In his discussion on the limitations of the sociometric procedure, Gronlund (1959) reiterated the cautions expressed by Moreno, Northway, and others. He identified three such (highly correlated) limitations. First, Gronlund warned that inferring behavioral characteristics to individuals on the basis of sociometric status is "at best a dubious procedure" (p. 24). Second, Gronlund said it was inappropriate to equate sociometric isolation with personal maladjustment in the absence of supporting evidence. Third, Gronlund strongly objected to the "hasty generalization" of characterizing the highly rejected individual as a "person of doubtful character or undesirable personal qualities" (p. 24). He said,

> Rejection by peers may be due to lack of personal grooming, lack of social skill, the social position his family holds in the community, membership in a minority group, or similar factors not directly related to his personality. An individual may also be rejected if he has the courage to take an individual position which is opposed to the values and beliefs of the group. As with the isolate, equating the sociometric position of the rejectee with preconceived notions of the characteristics of rejected individuals is extremely dangerous. Supplementary data are essential for adequate interpretation of the basis for rejection by peers. (pp. 24–25)

In the 1960s, researchers turned their attention to peer relations in adolescence, consonant with the developmental demographics of the baby boomer population. Roff (1961) provided early support for the proposition that childhood peer-group interactions are an effective measure of adolescent and young adult adjustment among young men. Although Roff did not use sociometric measures, his work did receive some attention by later proponents of the method (e.g., Coie & Dodge, 1983; see also Wanlass & Prinz, 1982). According to Roff (1961), under circumstances in which "there is sufficient mutual exposure to permit thorough acquaintance, appraisal by peers is very effective in predicting subsequent [adjustment]" (p. 336).

Roff, Sells, and Golden (1972) described a massive investigation employing sociometric status measures. Their study initially included over 34,000 children in Texas and Minnesota but had only 4,940 participants at the end. The authors published the results of the 5-year longitudinal study in *Social Adjustment and Personality Adjustment in Children.* Like Northway (1944) and others, Roff et al. recognized that there is a difference between being accepted (or rejected) by one's peers and merely being overlooked. On that basis, they decided to use a measure of dislike in their research. Concluding that the term "dislike" would displease parents and administrators, the inves-

tigators posed the question, "whom do you like least?" to the students in their study. Students could nominate four others as liked most (LM) and two others as liked least (LL). The researchers eliminated such condition-specific questions as "Who is your best friend?" and "With whom do you like to study?" Roff et al. contended that such questions are "ordinarily highly intercorrelated" (p. 13).

Roff et al. (1972) explored at length the use of matrices in obtaining scores. A common approach in sociometric testing had been to construct a square matrix, with all participants identified on each axis. Such a matrix made it possible to identify who was nominating whom. The standing argument in favor of the matrix approach was that it preserved information about the level (status) of the choosers in evaluating the choices given to an individual. Roff et al. performed 864 separate correlations to support their decision to forego matrices. The correlations were based on the possible combinations of LM, LL, and LM–LL scores of chooser and chosen, gender, four school grades, and four socioeconomic levels. Very low values were found—below $r = .20$ in all cases. On that basis, Roff et al. took a strong stand against the use of matrices, contrary to the suggestion by Busk et al. (1973) that such matrices contain important information about both popularity and friendship.[1]

From Sociometric to Psychometric

The methods in *Social Adjustment and Personality Adjustment in Children* (1972) were far removed from the sociometrics of Moreno (1934), Bronfenbrenner (1943, 1944a, 1944b), Gronlund (1959), and others. Gone were the sociograms and other indices of social inclusion (such as the chooser–chosen matrices). The use of negative nominations was in place, despite little investigation of the ethical or practical consequences of asking children to identify the classmates they dislike (this question would be touched upon in later research).[2] The choice situation was no longer context specific (e.g., "Who do you like to play with, to study with, to sit beside in class?"), regardless of Gronlund's view that out-of-context choices were of "doubtful value" (1959). By discarding social inclusion measures and other contextual information, Roff et al. could not test the proposition that sociometric rejection in the school classroom is equated with social isolation or the proposition that such isolation drives later maladjustment.

Those propositions were addressed by Gottman (1977), who used sociometric status measures and naturalistic observation, in an effort to define social isolation in children. Gottman found no relationship between the relative frequency of peer interaction and sociometric measures of acceptance. Gottman asserted that some sociometric-rejected children are rejected precisely because although they do interact with peers, they interact ineffective-

ly. He therefore defined both low interaction and low acceptance as two dimensions of social isolation.

Current applications of sociometric status tests use various modifications similar to those found in *Social Adjustment and Personality of Children* (see Asher & Coie, 1990; Hallinan, 1981; Hymel, 1983). The use of standardized scores is now commonplace, in lieu of nomination matrices and in aid of "more appropriate research designs and more powerful statistical techniques" (Hallinan, 1981, p. 92). Peery (1979) suggested an important refinement to sociometric classification, based on two dimensions described by Dunnington (1957). Peery proposed that one could determine the sociometric score by relating individual scores to two dimensions of social choice—social impact and social preference. This method of calculating sociometric scores has been widely adopted (Coie & Dodge, 1983; Coie, Dodge, & Coppotelli, 1982; Putallaz & Wasserman, 1989; see also Terry & Coie, 1991). Where permitted by parents, school officials, or both, negative nominations are commonplace. The present-day sociometric test identifies five characteristic typologies of children. These include children who are well liked and not disliked (popular status), children who are not nominated (neglected), children who are well liked by some and strongly disliked by others (controversial), children who are generally liked and infrequently disliked (average), and children who are disliked and are not nominated as liked—the so-called "rejected" children.

In contemporary use, sociometric status—especially rejected status—is frequently used as a diagnostic of individual adjustment (Parker, Rubin, Price, & DeRosier, 1995). The measure continues to enjoy widespread application (e.g., Brendgen, Little, & Krappmann, 2000; Cillessen & Bellmore, 1999; Leff, Kupersmidt, Patterson, & Power, 1999; Maszk, Eisenberg, & Guthrie, 1999; Matza, Kupersmidt, & Glenn, 2001; Phillipsen, 1999). The current view of sociometrically rejected children is that they are improperly socialized, either as a result of some underlying defect or because they have failed to internalize appropriate social norms (Coie, 1990; Parker & Asher, 1987).

Parker and Asher (1987) described two of several possible pathways to sociometric rejection. In their first model, sociometric rejection was considered a response by peers to inappropriate behavior. In a self-sustaining manner, such social disapproval itself engenders further deviance. This is a peer-mediated model of influence on status. In their alternative model, low peer acceptance was held to be incidental to an underlying disturbance that lead to both unpopularity and deviant behavior. Both of these models presuppose individual characteristics as the source of dislike. The tendency to treat popularity as characteristic of an individual may be traced directly to seminal behavioral investigations by Jenkins and associates (Jenkins & Glickman, 1946; Jenkins & Hewitt, 1944; Lorr & Jenkins, 1953). Those models are consonant with the view that peer acceptance reflects inherited characteristics and

early internalization of behavioral norms. Parker and Asher described the weaknesses of those respective models in some detail and called for a more comprehensive design.

This is not to suggest that sociometric research routinely ignores the contextual conditions that affect the behavior of children or that researchers using the sociometric test necessarily agree that sociometric status is a personal characteristic of the child. Nevertheless, modern sociometric theory is rooted in that view. As Coie (1990) said, "During the emergence of rejected status the behavior of the child is primary and the behavior of the peer group is secondary" (p. 367). Coie raised the question at the heart of the theoretical disparity described earlier: Is behavior primarily the product of early and formative events, or is behavior constantly modified and updated in response to the social context?

Whatever the source, rejected status is equated with significant difficulties in present and future social adjustment (Asher & Coie, 1990; Asher & Parker, 1989; Kupersmidt, Coie, & Dodge, 1990; Putallaz, 1983). Specifically, rejection by peers is considered an indicator of a child at risk for long-term negative consequences including school dropout, criminality, and adult psychopathology (Parker & Asher, 1987).

Accordingly, there has been a metamorphosis in sociometric status, as applied to child development. Moreno (1934/1953) was concerned with the specific connections each individual had to others within the context of a group that was defined by particular affiliative activities. Over time, the sociometric test has been transformed from a means to measure group cohesiveness and interactions within a social network to a *psychometric measure*. The test has become a mathematical index of popularity that is presumed to be a marker for current and future maladjustment. A price has been paid for this renovation of the sociometric test. With the elimination of chooser–chosen matrices and other context-specific questions, it is no longer possible to know precise patterns of social attraction and interaction. As Rubin, Bukowski, and Parker (1998) have noted,

> *Popularity* is both an individual—and a group-oriented phenomenon. . . . In this regard, popularity is a group construct and the processes of rejection and acceptance are group processes. Yet, despite this reality, most peer researchers treat popularity as characteristic of the individual. (p. 627, italics in original)

In particular, the modern sociometric test fails to capture information about the milieu to which children typically owe close allegiance—their own peer clique. The peer clique, or naturally occurring peer group, figures into measures of popularity and affiliation in some important ways. The peer group is a logical level of analysis for assessment of social inclusion. It is a level of interaction above the friendship dyad and is distinct from peer subcultures,

such as "nerds" (Kinney, 1993) and "athletic stars" (Brown & Lohr, 1987). To adumbrate one conclusion of this review, inconsistency between sociometric status and observable behavior arises when the context and conditions that define acceptance and inclusion are not specified. Thus, the individual who is disliked in the larger community (sociometrically rejected) may be liked and respected by members of his or her own affiliative group. As detailed below, the emerging literature on the properties of peer groups reveals that the naturally occurring group is an influential mediator of individual conduct.

Sociometry Reconsidered

In the years since Peery's 1979 refinement to sociometric classification and with the addition of controversial status by Coie, Dodge, and Coppotelli in 1982, sociometric testing has been widely used as a measure of childhood adjustment (see Asher & Coie, 1990; Bukowski & Cillessen, 1998; Hartup, 1983; Parker & Asher, 1987; Rubin, Bukowski, & Parker, 1998 for reviews). The measure has enjoyed widespread popularity for good reason: It is simple, easily administered, reliable, and has a certain intuitive appeal. Sociometric testing is clearly an effective means of identifying children who are distinguished from one another on such important constructs as likeability and acceptance. The cautious investigator may use the modern sociometric test to great effect, in consideration of two important limitations.

First, the measure provides few clues about the features that are characteristic of likeability and acceptance. Rejected-status children are identified by the fact that they tend to lack popularity or general inclusion or favor from the prevailing few. What are undefined are the features present in the child or in the environment that initiate and maintain disliking by others.

Are children rejected because of their own cognitive characteristics and behavioral activities or because of social and reputation factors outside of their control? As Putallaz and Gottman (1981) said,

> While sociometric tests are useful for . . . identification of problems such as social isolation, they do not supply any information that would aid in the identification of the origin of the problem or in the detection of those factors currently maintaining the problem. (p. 117)

In other words, there are no explicit, unitary attributes of behavior that define sociometric rejection, neglect, or popularity. In their seminal discussion of construct validity, Sears, Whiting, Nowlis, and Sears (1953) cautioned that a useful construct must provide consistent antecedent–consequent relationships (if *x*, then *y*) by referral to unitary attributes of behavior. For example, firestarting and physical assaultiveness are unitary attributes of behavior, but juvenile delinquency is not. Construct validity requires a "nomological net" of

observable properties that point to the construct and to which the construct makes explicit, public inference (Cronbach & Meehl, 1955, p. 290).

And just as sociometric constructs have no explicit referent, it is similarly unclear as to how acceptance and preference interact to fix the limits of status. As Rubin et al. (1998) wrote,

> *Rejected and popular* children differ along the dimensions of acceptance and rejection: if one were to observe differences between the outcomes experienced by these two groups of children, it would be difficult to know which of these two dimensions would account for the differences. (pp. 651-652, italics in original)

Sociometry Now: Is the Child Likable, or Is the Child Liked?

The second limitation of current-day sociometric testing concerns the definition of the appropriate reference group. In modern school-based sociometric testing, the reference group is defined by the investigator as the classroom(s), grade, or school in which the test is given. Although friendship information is often obtained, local networks of peer affiliates are typically ignored. The classroom, grade, and school constrain the parameters for student interaction but do not determine students' affiliative choices. From the perspective of this review, an important pitfall in modern sociometric classification is the absence of contextual (i.e., affiliative) information at the level of the peer group. Sociometric nominations by classroom or grade reveal little about the affiliative characteristics of the participants. With whom does the child associate, and what are the characteristics of those associations?

In the study *Social Networks and Aggressive Behavior: Peer Support or Peer Rejection?* (1988), Cairns, Cairns, Neckerman, Gest, and Gariépy revisited an issue that had been brewing beneath the surface in the sociometric literature since Gottman (1977). Cairns et al. explored the social networks of a set of 40 children who had been identified as highly aggressive, compared with 40 matched controls. Those researchers concluded that the aggressive children were no more likely than their prosocial counterparts to be excluded from social groups. They found that aggressive peers tend to cluster together and that similarity on that dimension may be a basis for peer affiliations, consistent with findings from Giordano, Cernkovich, and Pugh (1986). Cairns et al. (1998) concluded, "recent methods for identifying 'social status' on the basis of pooled ratings of how peers like, dislike, or ignore the subject typically reveal little about the person's placement in a network of relationships" (p. 822).

Since the time of the Cairns et al. (1988) study, there have been a number of investigations to corroborate the fact that sociometric rejection is not equivalent to social isolation or friendlessness (Bagwell, Coie, Terry, & Lochman, 2000; Bukowski & Hoza, 1989; Bukowski, Pizzamiglio, Newcomb, & Hoza, 1996, Gest, Graham-Bermann, & Hartup, 1991; Kupersmidt, DeRosier, &

Patterson, 1995; Parker & Asher, 1993). There is indication through their self-reports that rejected children do not consider themselves friendless. In a recent investigation of the relationship between being sociometrically rejected and having friends among 227 fifth- and sixth-grade children, George and Hartmann (1996) were able to identify reciprocated friendships among a substantial majority of "unpopular" children. All of the unpopular children in the George and Hartmann study named friends from their school, church, neighborhood, and so forth. The unpopular children named an average of 12 friends each. When examined from the perspective of group network analysis, aggressive, low-popularity children have been found to have friends; to participate in groups; to form groups; and even, on occasion, to be situated in central or leadership roles within those groups (Cairns & Cairns, 1994; Cairns, Cairns, Neckerman, Gest, & Gariépy, 1988; Farmer, Stuart, Lorch, & Fields, 1993; Rodkin, Farmer, Pearl, & Van Acker, 2000).

Any discussion of social inclusion, isolation, rejection, or neglect seems to demand information about the peer clique (Hartup, 1996). Among other things, the naturally occurring peer clique provides homogeneity of a kind that meets a central assumption of the research process (Magnusson & Bergman, 1990; Richters, 1997). This is the purpose of social network analysis—to identify naturally occurring peer cliques. Social network analysis permits the assessment of within-group similarities or between-group differences. Individuals and groups can be situated in relation to the greater social sphere. Supplemental measures allow objective evaluation on such dimensions as academic competence and aggressive behavior, for each participant in the social group and as a frame for comparison with other individuals and groups.

Social Networks and the Context of Relationships

Although Moreno was interested in the *tele*, that is, the thoughts and desires underlying affiliations (Kindermann, 1998), his own methods and more recent social network measures provide a clarified picture of a child's objective "status." Social network measures, either through direct observation or by peer nomination, provide the social linkages among affiliates in a classroom, school, or other social milieu (see Cairns, Leung, & Xie, 1998, for description of recent empirical studies using social network analysis). Factors such as aggressive behavior (Coie, Lochman, Terry, & Hyman, 1992; Farmer, Van Acker, Pearl, & Rodkin 1999; Xie, 1995); academic competence (Kupersmidt et al., 1995); attractiveness and maturational status (Cairns & Cairns, 1994); delinquency and familiarity with gangs (Cadwallader & Cairns, in press; Thornberry & Krohn, 1997); substance use (Dishion, Capaldi, Spracklen, & Li, 1995; Urberg, Shyu, & Liang, 1990), socioeconomic sta-

tus (Kupersmidt et al., 1995); and race, gender, and sexual orientation (Clark-McLean, 1996; Neckerman, 1992) have all been shown to characterize the composition of peer groups.

Social networks may be identified by a variety of methods (e.g., Alba, 1972; Cairns, Gariépy, & Kindermann, 1991; Heil & White, 1976; Kindermann, 1998; Moreno, 1934; Richards & Rice, 1981). The feature common to these various methods is the ability to identify the interrelationships among individuals in groups and subgroups, based on consensus observations of social interactions. Because of the link to observable behavior, social network analysis avoids the paradox of characterizing as rejected youth that are firmly enmeshed in a system of peer associations.

As Bukowski and Cillessen (1998) noted, "The irony in current sociometric research is that recent advances have been achieved by going back to constructs originally developed by Moreno" (p. 3). Nevertheless, it would be a mistake to interpret "recent advances" as merely a renewed focus on the composition of social groups. There are many ways to define social networks, and mathematical algorithms for testing the validity of group structure can be quite sophisticated (Frank, Komanska, & Widaman, 1985; Wellman, Frank, Espinoza, & Lundquist, 1992). From a developmental perspective, construction of the social group is not an end in itself. Rather, the relevance of social network organization is in what it reveals about developmental processes. For example, social group analysis plays a key role in investigating the adoption of behavior through reciprocal interchanges (Cairns, 1979; Xie, Cairns, & Cairns, 1999).

In sum, Moreno's sociometric was not intended to be diagnostic of pathology, and individual status was considered to be flexible and contextual. In Moreno's view, individual social behavior might vary from group to group, leading to variations in status. Malloy, Albright, Kenny, Agatstein, and Winquist (1997) have reminded us that "both sociocultural . . . and symbolic interactionist . . . theories predict that distinct social identities may emerge in different social groups" (p. 393). These theories are consistent with Moreno's position. Our actions may vary from group to group, and with that variation comes differences in the manner in which the group perceives and responds to us. We become, in effect, as many "different social selves as there are [distinct] groups" with whom we associate (James, 1890, p. 294).

Rejected status does not mean that a child is isolated or without friends. In a similar vein, measures of individual inclusion relative to classmates, grademates, or schoolmates lack the specificity needed to assess the nature and extent of children's affiliations. Thus, the meaning of sociometric status becomes increasingly opaque as individual differences such as race, social class, gender, and age multiply (Bronfenbrenner, 1944a; Giordano, personal communication, April 1999). The emerging trend of increasing focus on the

individual in a social network context is a necessary return to a method grounded in observable elements of behavior.

Implications for Intervention and Developmental Considerations

A model of peer adjustment based solely on sociometric measures of preference and social impact is a deficit model, leaving undefined the characteristics that lead to popularity or rejection. Reliance on that kind of theoretical framework in fashioning intervention strategies has had important consequences. Although a few intervention programs have generated promising results, overall, programs based on a deficit-focus model have produced a "lean harvest of positive outcomes" (Cairns & Cairns, 1997, p. 1). According to Giordano, Cernkovich, Groat, Pugh, and Swinford (1998),

> The strategy of deriving a peer preference score from classmate reports has been criticized because it produces a measure of popularity or rank among classmates, rather than an assessment of the nature of youths' friendships. This becomes problematic when researchers assume that low status youth are in fact friendless and then develop interventions designed to teach the child friendship-making strategies and other social skills. While this may be beneficial with some youths, it may not be appropriate for others. (p. 65)

Social rejection may be the transient product of a normal developmental sequence, or it may be an expression of a child's failure on multiple levels to become engaged in normal social activity. Rejection may be the correlate of mental disturbance, unattractiveness, nonconformity, minority status, or active involvement with deviant peers. However one defines the term, the experience of rejection can be highly variable and strongly dependent on the circumstances of the social environment. Rejection comes in many forms, and rejection comes from many sources. The concentration on peer rejection, although logical and well intentioned, may ignore the true basis of rejected status (by any definition of the word). Rejection by adult caretakers and authorities is as likely a source as it is a consequence of displeasing and disruptive behavior. As Cairns and Cairns (1994) have observed, the assumption that disruptive children are themselves hostile, rejecting, and friendless provides an easy explanation for the failure of teachers and other authorities to connect with such youth. Over time, such children are increasingly set aside and limited in their opportunities to interact with peers that are more normative—they are put in special classrooms and special schools, and, ultimately, are incarcerated.

In the opening paragraphs of this review, I described a theoretical partition in the peer-relations literature. The interactionist view that social competence is highly variable and contextual contrasts with the neoanalytic perspective that social skills are the product of inherited characteristics coupled with internalized norms. In the latter case, it is assumed that adolescent and adult

behaviors are held to be predisposed by genotypic biases operating in concert with maternal affect and other formative experiences in childhood (Scarr-Salapatek, 1976; Waddington, 1968). Support for the idea that sociometric status is a consensus measure of enduring individual characteristics comes from that theoretical perspective.

The view that behavior is predisposed has its roots in investigations of sensory and motor activities. The sensitive periods and structural changes that characterize infant and childhood maturation provide an "implicit model of cessation" when applied to behavioral development (Cairns, personal communication, October 1999). This translation of structure to process is misleading and reductionistic. To understand the role of peers in the development of deviance, disaffection, and alienation, it is necessary to look beyond individual psychopathology and into the dark side of social synchrony. In the final analysis, the same principles of behavioral reciprocity and conformity that are expressed in the constitution and maintenance of popular groups are at work in the organization of deviant and delinquent social networks (Cairns, Cadwallader, Estell, & Neckerman, 1997).

One provocative hypothesis to explain deviant and assaultive behavior is the "Lord of the Flies" effect (Cairns & Cairns, 1994). This hypothesis suggests that conditions of rejection and isolation at the level of the social group exert a powerful influence on individual adaptation. That is, the events that put a child at risk are not merely or inevitably the product of individual pathology. Rather, delinquency and violence are characteristics nurtured and encouraged through involvement in peer networks that are themselves isolated and cut off from mainstream social influences. Like their less obnoxious peers, unpopular and disruptive children are capable of great loyalty and affection — even if only to one another (Clark-McLean, 1996; Giordano, Cernkovich, & Pugh, 1986). Given firm direction and a greater wealth of social opportunities, rejected, isolated, hurt, and angry children may learn to opt for more normative social roles.

NOTES

1. This use of product moment correlations is frankly confusing and potentially unsuited to the data. When participants are being nominated for selection to a set, the data are usually dichotomous (i.e., nominated/not nominated). Roff et al. (1972) standardized scores (in effect, transformed a dichotomous variable into a continuous measure) and then attempted to correlate those scores. A more appropriate test, such as the phi coefficient for nominal (dichotomous) data, based on the chi-square distribution of LM and LL nominations for choices given and received, would likely have produced more interpretable results.

2. Two empirical investigations have directly responded to this question (Bell-Dolan, Foster, & Sikora, 1989; Hayvren & Hymel, 1984). In part fueled by concern for the issue, some investigators (e.g., Asher & Dodge, 1986) have developed alternative

rating scale measures that produce equivalent results, without having to ask children to name disliked peers.

ACKNOWLEDGMENTS

I thank Thomas W. Farmer, Peggy Giordano, and Hong-Ling Xie for their helpful comments on drafts of this article. This review was suggested and encouraged by Dr. Robert Cairns, (late) Director of the Center for Developmental Science at the University of North Carolina at Chapel Hill. Dr. Cairns' contributions to the developmental literature are testimony to his wisdom, energy, and integrity. As his graduate student, I worked closely with Dr. Cairns on this manuscript and other projects. His insight and support were invaluable.

REFERENCES

Ainsworth, M. D. S. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development, 40,* 969–1025.

Alba, R. D. (1972). COMPLT – A program for analyzing sociometric data and clustering similarity matrices. *Behavioral Science, 17,* 566–567.

Asher, S. R., & Coie, J. D. (Eds.). (1990). *Peer rejection in childhood.* New York: Cambridge University press.

Asher, S. R., & Dodge, K. A. (1986). Identifying children who are rejected by their peers. *Developmental Psychology, 22,* 444–449.

Asher, S. R., & Parker, J. G. (1989). Significance of peer relationship problems in childhood. In B. H. Schneider, G. Attili, J. Nadel, & R. P. Weissberg, (Eds.), *Social competence in developmental perspective,* pp. 5–23. NATO Advanced Science Institutes series. Series D: Behavioural and social sciences, Vol. 51. Dordrecht, the Netherlands: Kluwer.

Bagwell, C. L., Coie, J. D., Terry, R. A., & Lochman, J. E. (2000). Peer clique participation and social status in preadolescence. *Merrill-Palmer Quarterly, 46,* 280–305.

Bell-Dolan, D., Foster, S., & Sikora, D. (1989). Effects of sociometric testing on children's behavior and loneliness in school. *Developmental Psychology, 25,* 306–311.

Berndt, T. J. (1999, April). *Recent issues in sociometric measurement with children and adolescents.* Symposium presented at the biennial meeting of the Society for Research in Child Development, Albuquerque, New Mexico.

Bjerstedt, Å. (1956). *Interpretations of sociometric choice status; studies of workmate choices in the school class and selected correlates, with special emphasis on the methodology of preferential sociometry.* Lund, the Netherlands: Gleerup.

Brendgen, M., Little, T. D., & Krappmann, L. (2000). Rejected children and their friends: A shared evaluation of friendship quality? *Merrill–Palmer Quarterly, 46,* 45–70.

Bronfenbrenner, U. (1943). A constant frame of reference for sociometric research. Part I: Theory and Technique. *Sociometry, 6,* 363–408.

Bronfenbrenner, U. (1944a). A constant frame of reference for sociometric research. Part II: Experiment and Inference. *Sociometry, 7,* 40–75.

Bronfenbrenner, U. (1944b). The graphic presentation of sociometric data. *Sociometry, 7,* 283–289.

Brown, B. B., & Lohr, M. J. (1987). Peer-group affiliation and adolescent self-esteem: An integration of ego-identity and symbolic-interaction theories. *Journal of Personality and Social Psychology, 52,* 47–55.

Bukowski, W. M., & Cillessen, A. H. (Eds.). (1998). Sociometry then and now: Build-

ing on six decades of measuring children's experiences with the peer group. *New Directions for Child Development, 80.*

Bukowski, W. M., & Hoza, B. (1989). Popularity and friendship: Issues in theory, measurement, and outcome. In T. J. Berndt & G. W. Ladd (Eds.), *Peer relationships in child development* (pp. 15–45). New York: Wiley.

Bukowski, W. M., Pizzamiglio, M. T., Newcomb, A. F., & Hoza, B. (1996). Popularity as an affordance for friendship: The link between group and dyadic experience. *Social Development, 5,* 189–202.

Busk, P. L., Ford, R. C., & Schulman, J. L. (1973). Stability of sociometric responses in classrooms. *Journal of Genetic Psychology, 123,* 69–84.

Cadwallader, T. W., & Cairns, R. B. (in press). Developmental influences and gang awareness among African-American inner city youth. *Social Development.*

Cairns, B. D., & Cairns, R. B. (1997). *"Diamonds in the lights": Prevention through engagement.* Unpublished manuscript, Center for Developmental Science, University of North Carolina at Chapel Hill.

Cairns, R. B. (1979). *Social development: The origins and plasticity of interchanges.* San Francisco: Freeman.

Cairns, R. B., Cadwallader, T. W., Estell, D., & Neckerman, H. J. (1997). Groups to gangs: Developmental and criminological perspectives and relevance for prevention. In D. M. Stoff, J. D. Maser, & J. Breiling (Eds.), *Handbook of Antisocial Behavior* (pp. 194–204). New York: Wiley.

Cairns, R. B., & Cairns, B. D. (1994). *Lifelines and risks: Pathways of youth in our time.* Cambridge, England: Cambridge University Press.

Cairns, R. B., Cairns, B. D., Neckerman, J. J., Gest, S., & Gariépy, J-L. (1988). Social networks and aggressive behavior: Peer support or peer rejection? *Developmental Psychology, 24,* 815–823.

Cairns, R. B., Gariépy, J-L., & Kindermann, T. (1991). Identifying social clusters in natural settings. Chapel Hill: University of North Carolina, *Social Development Laboratory.*

Cairns, R. B., Leung, M-C., & Xie, H-L. (1998). The popularity of friendship and the neglect of social networks: Toward a new balance. In W. M. Bukowski & A. H. Cillessen (Eds.), Sociometry then and now: Building on six decades of measuring children's experiences with the peer group. *New Directions for Child Development, 80,* 25–54.

Cillessen, A. H. N., & Bellmore, A. D. (1999). Accuracy of social self–perceptions and peer competence in middle childhood. *Merrill-Palmer Quarterly, 45,* 650–676.

Clark-McLean, J. G. (1996). Social networks among incarcerated juvenile offenders. *Social Development, 5,* 203–217.

Coie, J. D. (1990). Toward a theory of peer rejection. In S. R. Asher & J. D. Coie (Eds.), *Peer Rejection in Childhood* (pp. 365–399). New York: Cambridge University Press.

Coie, J. D., & Dodge, K. A. (1983). Continuities and changes in children's sociometric status: A 5–year longitudinal study *Merrill-Palmer Quarterly, 29,* 261–282.

Coie, J. D., Dodge, K. A., & Coppotelli, H. A. (1982) Dimensions and types of social status: A cross-age perspective. *Developmental Psychology, 18,* 557–569.

Coie, J. D., Lochman, J. E., Terry, R., & Hyman, C. (1992). Predicting early adolescent disorder from childhood aggression and peer rejection. *Journal of Consulting and Clinical Psychology, 60,* 783–792.

Crick, N. R. (1996). The role of overt aggression, relational aggression, and prosocial behavior in the prediction of children's future social adjustment. *Child Development, 67,* 2317–2327.

Crick, N. R., & Dodge, K. A. (1996). Social information-processing mechanisms on reactive and proactive aggression. *Child Development, 67,* 993–1002.

Cronbach, L. J., & Meehl, P. E. (1955). Construct validity in psychological tests. *Psychological Bulletin, 52,* 281–302.

DeRosier, M. E., Cillessen, A. H. N., Coie, J. D., & Dodge, K. A. (1994). Group social context and children's aggressive behavior. *Child Development, 65,* 1068–1079.

Dishion, T. J., Capaldi, D., Spracklen, K. M., & Li, F. (1995). Peer ecology of male adolescent drug use. *Development and Psycholpathology, 7,* 803–824.

Dodge, K. A. (1980). Social cognition and children's aggressive behavior. *Child Development, 51,* 162–170.

Dodge, K. A. (1986). A social information processing model of social competence in children. M. Perlmutter (Ed.), *Minnesota Symposium on Child Psychology, vol. 18* (pp. 75–127). Hillsdale, NJ: Erlbaum.

Dodge, K. A. (1990). Peer status and aggression in boys' groups: Developmental and contextual analyses. *Child Development, 61,* 1289–1309.

Dodge, K. A., & Coie, J. D. (1987). Social-information-processing factors in reactive and proactive aggression in children's peer groups. Special Issue: Integrating personality and social psychology. *Journal of Personality & Social Psychology, 53,* 1146–1158.

Dunnington, M. J. (1957). Investigation of areas of disagreement in sociometric measurement of preschool children. *Child Development, 28,* 93–102.

Farmer, T. W., & Rodkin, P. C. (1996). Antisocial and prosocial correlates of classroom social positions: The social network centrality perspective. *Social Development, 5,* 174–188.

Farmer, T. W., Stuart, C. B., Lorch, N. H., & Fields, E. (1993). The social behavior and peer relations of emotionally and behaviorally disturbed students in residential treatment: A pilot study. *Journal of Emotional and Behavioral Disorder, 1,* 223–235.

Farmer, T. W., Van Acker, R., Pearl, R., & Rodkin, P. (1999). Social networks and peer-assessed problem behavior in elementary classrooms: Students with and without disabilities. *Remedial and Special Education, 20,* 244–256.

Frank, O., Komanska, H., & Widaman, K. F. (1985). Cluster analysis of dyad distributions in networks. *Journal of Classification, 2,* 219–238.

George, T. P., & Hartmann, D. P. (1996). Friendship networks of unpopular, average and popular children. *Child Development, 67,* 2301–2316.

Gest, S. D., Graham–Bermann, S., & Hartup, W. W. (1991, April). *Social reputations and social affiliations of popular, average, and rejected children.* Poster presentation at the Biennial Meeting of the Society for Research in Child Development, Seattle, WA.

Giordano, P. C., Cernkovich, S. A., & Pugh, M. D. (1986). Friendships and delinquency. *American Journal of Sociology, 91,* 1170–1202.

Giordano, P. C., Cernkovich, S. A., Groat, H. T., Pugh, M. D., & Swinford, S. P. (1998). The quality of adolescent friendships: Long term effects. *Journal of Health and Social Behavior, 39,* 55–71.

Gottman, J. M. (1977). Toward a definition of social isolation in children. *Child Development, 48,* 513–517.

Gronlund, N. E. (1959). *Sociometry in the classroom.* New York: Harper.

Gronlund, N. E., & Anderson, L. (1957). Personality characteristics of socially accepted, socially neglected, and socially rejected junior high school pupils. Educational *Administration and Supervision, 43,* 329–338.

Hallinan, M. T. (1981). Recent advances in sociometry. In S. R. Asher & J. M.

Gottman (Eds.), *The Development of Children's Friendships* (pp. 91–115). New York: Cambridge University Press.

Harris, J. R. (1995). Where is the child's environment? A group socialization theory of development. *Psychological Review, 102,* 458–489.

Hartup, W. W. (1983). Peer Groups. In P. Mussen (Series Ed.) and E. M. Hetherington (Vol. Ed.), *Handbook of Child Psychology, Vol. 4: Socialization, personality and social development* (4th ed., pp.103–196). New York: Wiley.

Hartup, W. W. (1996). The company they keep: Friendships and their developmental significance. *Child Development, 67,* 1–13.

Hayvren, M., & Hymel, S. (1984). Ethical issues in sociometric testing: Impact of sociometric measures on interaction behavior. *Developmental Psychology, 20,* 844–849.

Heil, G. H., & White, H. C. (1976). An algorithm for finding simultaneous homomorphic correspondence between graphs and their image graphs. *Behavioral Science, 21,* 26–35.

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

James, W. (1890). *Principles of Psychology.* New York: Holt.

Jenkins, R. L., & Glickman, S. (1946). Common syndromes in child psychiatry: I. Deviant behavior traits. II. The schizoid child. *American Journal of Orthopsychiatry, 16,* 244–261.

Jenkins, R. L., & Hewitt, L. (1944). Types of personality structure encountered in child guidance clinics. *American Journal of Orthopsychiatry, 14,* 84–95.

Kindermann, T. A. (1998). Children's development within peer groups: Using composite social maps to identify peer networks and to study their influences. In W. M. Bukowski & A. H. Cillessen (Eds.), Sociometry then and now: Building on six decades of measuring children's experiences with the peer group. *New Directions for Child Development, 80,* 55–82.

Kinney, D. A. (1993). From nerds to normals: The recovery of identity among adolescents from middle school to high school. *Sociology of Education, 66,* 21–40.

Kupersmidt, J. B., Coie, J. D., & Dodge, K. A. (1990). The role of poor peer relationships in the development of disorder. In S. R. Asher & J. D. Coie (Eds.), *Peer Rejection in Childhood* (pp. 274–305). New York: Cambridge University Press.

Kupersmidt, J. B., DeRosier, M. E., & Patterson, C. P. (1995). Similarity as the basis for children's friendships: The roles of sociometric status, aggressive and withdrawn behavior, academic achievement and demographic characteristics. *Journal of Social & Personal Relationships, 12,* 439–452.

Leff, S. S., Kupersmidt, J. B., Patterson, C. J., & Power, T. J. (1999). Factors influencing teacher identification of peer bullies and victims. *School Psychology Review, 28,* 505–517.

Lorr, M., & Jenkins, R. L. (1953). Patterns of maladjustment in children. *Journal of Clinical Psychology, 9,* 16–19.

Magnusson, D., & Bergman, L. R. (1990). A pattern approach to the study of pathways from childhood to adulthood. In L. N. Robins & M. Rutter (Eds.), *Straight and devious pathways from childhood to adulthood* (pp. 101–115). Cambridge, UK: Cambridge University Press.

Malloy, T. E., Albright, L., Kenny, D. A., Agatstein, F., & Winquist, L. (1997). Interpersonal perceptions and metaperception in nonoverlapping social groups. *Journal of Personality and Social Psychology, 2,* 390–398.

Maszk, P., Eisenberg, N., & Guthrie, I. K. (1999). Relations of children's social status

to their emotionality and regulation: A short-term longitudinal study. *Merrill-Palmer Quarterly, 45,* 468–492.

Matza, L. S., Kupersmidt, J. B., & Glenn, D. M. (2001). Adolescents' perceptions and standards of their relationships with their parents as a function of sociometric status. *Journal of Research on Adolescence, 11,* 245–272.

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100,* 674–701.

Moreno, J. L. (1953). *Who shall survive? A new approach to the problem of human interrelations.* Washington, D.C.: Nervous and Mental Disease Publishing Co. (Original work published 1934)

Neckerman, H. J. (1992). *A longitudinal investigation of the stability and fluidity of social networks and peer relationships of children and adolescents.* Unpublished dissertation, University of North Carolina at Chapel Hill.

Northway, M. L. (1944). Outsiders: A study of the personality patterns of children least acceptable to their age mates. *Sociometry, 7,* 10–25.

Northway, M. L. (1967). *A primer of sociometry.* Toronto: University of Toronto Press. (Original work published 1952)

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin, 102,* 357–389.

Parker, J. G., & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. *Developmental Psychology, 29,* 611–621.

Parker, J. G., Rubin, K. H., Price, J. M., & DeRosier, M. E. (1995). Peer relations, child development, and adjustment: A developmental psychopathology perspective. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental Psychopathology, Vol. 2: Risk, disorder, and adaptation* (pp. 96–161). New York: Wiley.

Peery, J. C. (1979). Popular, amiable, isolated, rejected: A reconceptualization of sociometric status in preschool children. *Child Development, 50,* 1231–1234.

Phillipsen, L. C. (1999). Associations between age, gender, and group acceptance and three components of friendship quality. *Journal of Early Adolescence, 19,* 438–464.

Putallaz, M. (1983). Predicting children's sociometric status from their behavior. *Child Development, 54,* 1417–1426.

Putallaz, M., & Gottman, J. M. (1981). An interactional model of children's entry into peer groups. *Child Development, 52,* 986–994.

Putallaz, M., & Wasserman, A. (1989). Children's naturalistic entry behavior and sociometric status: A developmental perspective. *Developmental Psychology, 25,* 297–305.

Renshaw, P. D. (1981). The roots of peer interaction research: a historical analysis of the 1930s. In S. R. Asher & J. M. Gottman (Eds.), *The Development of Children's Friendships* (pp. 1–25). New York: Cambridge University Press.

Richards, W., & Rice, R. (1981). The NEGOPY network analysis program. *Social Networks, 3,* 215–223.

Richters, J. E. (1997). The Hubble hypothesis and the developmentalist's dilemma. *Development and Psychopathology, 9,* 193–229.

Rodkin, P. C., Farmer T. W., Pearl R., & Van Acker R. (2000). Heterogeneity of popular boys: Antisocial and prosocial configurations. *Developmental Psychology, 36,* 14–24.

Roff, M. (1961). Childhood social interactions and young adult bad conduct. *Journal of Abnormal and Social Psychology, 63,* 333–337.

Roff, M., Sells, S. B., & Golden, M. M. (1972). *Social Adjustment and Personality Development in Children.* Minneapolis: University of Minnesota Press.

Rubin, K. H., Bukowski, W., and Parker, J. G. (1998). Peer interactions, relationships, and groups. In W. Damon (Series Ed.) and N. Eisenberg (Vol. Ed.), *Handbook of Child Psychology: Vol. 3. Social, emotional, and personality development* (5th Ed., pp. 619–700). New York: Wiley.

Scarr–Salapatek, S. (1976). Genetic determinants of infant development: An overstated case. In L. Lipsitt (Ed.), *Developmental psychobiology: The significance of infancy* (pp. 59–79). Hillsdale, NJ: Erlbaum.

Sears, R. R., Whiting, J. W. M., Nowlis, V., & Sears, P. S. (1953). Some child-rearing antecedents of aggression and dependency in young children: Introduction. *Genetic Psychology Monographs, 47,* 135–146.

Terry, R., & Coie, J. D. (1991). A comparison of methods for defining sociometric status among children. *Developmental Psychology, 27,* 867–880.

Thornberry, T. P., & Krohn, M. D. (1997). Peers, drug use, and delinquency. In D. Stoff, J.Breiling, & J. D. Maser (Eds.), *Handbook of Antisocial Behavior* (pp. 218–233). New York: Wiley.

Urberg, K. A., Shyu, S–J., & Liang, J. (1990). Peer influence in adolescent cigarette smoking. *Addictive Behaviors, 15,* 247–255.

Waddington, C. H. (1968). The basic ideas of biology. In C. H. Waddington (Ed.), *Towards a theoretical biology.* I. Prolegomena (pp. 1–32). Chicago: Aldine.

Wanlass, R. L., & Prinz, R. J. (1982). Methodological issues in conceptualizing and treating childhood social isolation. *Psychological Bulletin, 92,* 39–55.

Wellman, B., Frank, O., Espinoza, V., Lundquist, S., & Wilson, C. (1991). Integrating individual, relational, and structural analysis. *Social Networks, 13,* 223–249.

Xie, H. (1995). *Peer social networks of inner-city children and adolescents.* Unpublished master's thesis. University of North Carolina, Chapel Hill.

Xie, H., Cairns, R. B., & Cairns, B. D. (1999). Social networks, and configurations in inner-city schools: Aggression, popularity, and implications for students with EBD. *Journal of Emotional and Behavioral Disorders, 7,* 147–155.

TOM W. CADWALLADER is a psychologist at SRI International, in Menlo Park, California. His mailing address is 333 Ravenswood Avenue, #BS139, Menlo Park, CA 94026, and his e-mail address is <tom.cadwallader@sri.com>.

The Effectiveness of a Multimodal Brief Group Experiential Psychotherapy Approach

BRADLEY T. KLONTZ
EVE M. WOLF
ALEX BIVENS

ABSTRACT. To ensure experiential psychotherapy's survival in the age of managed care, psychotherapists need to demonstrate its therapeutic effectiveness. Because of the vast number of therapeutic modalities that are experiential in nature, the authors maintain that it is essential that researchers operationalize the particular model of experiential psychotherapy that they are studying. After a review of some of the relevant outcome literature, the authors present an empirical study of the effectiveness of a multimodal brief group experiential psychotherapy approach. The authors assessed the treatment outcomes in 41 volunteer participants who completed an 8-day, residential, group-therapy treatment program based on this model. They discuss the results of the study and suggest future directions for research in that area.

Key words: effectiveness of therapy, experiential psychotherapy, multimodal brief therapy

THE CHANGING ZEITGEIST HAS MADE IT PROBABLE that psychotherapists need to demonstrate empirically the effectiveness of their methods to health-care delivery companies (Cummings, 1995). Many therapists have already experienced pressure from managed-care companies to provide evidence of positive therapeutic outcomes. Private practitioners and treatment centers are being challenged to demonstrate cost efficiency and therapeutic effectiveness. Some are also being encouraged to use only those therapeutic techniques for which effectiveness has already been empirically demonstrated. Some schools of psychotherapeutic thought, such as the cog-

nitive therapies and cognitive–behavioral therapies, have provided much empirical evidence of their effectiveness in certain areas (Hollon & Beck, 1994).

When compared with the amount of research on cognitive–behavioral therapies, research on the psychotherapeutic effectiveness of experiential therapies is relatively small (Greenberg, Elliot, & Lietaer, 1994). Unfortunately, adherents of cognitive–behavioral therapies tend to dismiss experiential therapies with the argument that "lack of data should be taken as evidence for their ineffectiveness" (Greenberg, Elliot, & Lietaer, 1994, p. 510). As health-care companies become increasingly concerned with receiving effective and cost efficient psychotherapy services, they may elect to pay only for treatments having demonstrated effectiveness. Outcome research on experiential therapies not only helps to ensure their survival but also has the potential to provide valuable information that can be used to help modify techniques to serve clients better.

What is true with the experiential approaches as a whole is also true for psychodrama, for which few empirical studies have been reported (Kellermann, 1987; Kipper, 1978). Kellermann (1987, p. 469) asserted: "Practitioners of psychodrama traditionally rely more on clinical experience than on experimental research data when advocating the effectiveness of this method. As a consequence, psychodrama literature mostly includes descriptive rather than empirical studies." Specifically, proponents of psychodrama typically support its effectiveness through the use of reports on therapeutic strategies and case illustrations rather than reports on empirically designed research studies (Kipper, 1978). That is perhaps related to the observations by D'Amato and Dean (1988) that therapists who use psychodrama often consider personal experience to be adequate research. Through the use of case illustrations, proponents have argued for psychodrama's effectiveness when its techniques are integrated with communication models of family therapy, structural family therapy, and more general systems approaches (Flomenhaft & DiCori, 1992; Mann, 1982; Perrott, 1986).

Although little empirical data exist, some empirical studies provide evidence for the effectiveness of psychodrama with a variety of presenting problems in a range of settings (Arn, Theorell, Uvnas-Moberg, & Jonsson, 1989; Carpenter & Sandberg, 1985; Kellermann, 1987; Kipper & Giladi, 1978; Ragsdale, Cox, Finn, & Eisler, 1996; Rezaeian, Sen, & Mazumdar, 1997; Stallone, 1993). Therapeutic approaches using psychodrama have been shown to be effective in reducing the symptoms of test anxiety, in decreasing adolescents' delinquency potential, and in enhancing one's ego strength. Therapists have used psychodrama to decrease symptoms associated with irritable bowel syndrome; reduce unacceptable behaviors of prison inmates; and treat posttraumatic stress disorder, adjustment disorders, antisocial disorders, and depression.

A major limitation in the experiential therapy literature is the absence of detailed use of the approaches being studied. One challenge is that there are many types of approaches to therapy that fall within what is commonly referred to as experiential therapy. To varying degrees, they all are linked to a humanistic–existential theory of humanity and use direct experience as the major avenue to psychotherapeutic change (Mahrer, 1983). Besides psychodrama, psychotherapies belonging to the experiential family include feeling-expressive therapy, Gestalt therapy, intense feeling therapy, encounter therapy, cathartic therapy, emotional flooding therapy, psycho-imagination therapy, Mahrer's experiential psychotherapy, process-experiential therapy, process group therapy, aromatherapy, symbolic-experiential family therapy, and metaphoric therapies (Dayton, 1994; Elliot & Greenberg, 1995; Kaye, Dichter, & Keith, 1986; Mahrer, 1983, 1996; Yalom, 1995). When clinicians categorize themselves as experiential therapists, it is not certain exactly what they mean. With the plethora of forms of experiential therapy in existence and the need to demonstrate therapeutic effectiveness, it is important that researchers delineate the model of experiential therapy being examined. Similarly, because there has been no clear definition of what is required of a treatment approach for it to be considered psychodrama (Kipper, 1978), it is essential that research involving psychodrama offer an operational definition of the treatment approach being studied (D'Amato & Dean, 1988).

Researchers in the areas of experiential therapy and psychodrama argue for the usefulness and effectiveness of the therapies in a variety of settings with diverse populations on the basis of personal experience but often to the exclusion of empirical data to support their assertions. Although some empirical research exists, much of the literature focuses on therapeutic strategies and case study reports. Many of the existing studies are limited by inconsistent and poorly applied definitions of what constitutes psychodrama treatment. The studies are limited in sample size and by lack of follow-up data addressing the stability of treatment gains and the effects of individual differences on outcomes. The findings of the studies lack generalizability to real-world clinical settings. Clearly, more empirical research is needed.

The Present Study

In this article, we describe a study conducted to assess the effectiveness of a brief, multimodal experiential therapy approach. The approach is based on the theory and techniques of psychodrama and primarily uses role-playing techniques. Other key components include art therapy, music therapy, family sculpting, and Gestalt techniques, which were combined into an approach with philosophical and theoretical underpinnings in existential-humanistic psychology, developmental theory, and models of family therapy (Klontz,

1999). The approach has a strong emotional component and offers clients the opportunity to increase awareness of their feelings and sensations. An important purpose is to "enact or reenact the emotional climate of the family of origin and/or other past and present significant relationships in a person's life. In re-experiencing these events and relationships, one is able to release the emotions that may have been blocked and repressed" (Wegscheider-Cruse et al., 1990, p. 69). A major goal of the approach is the resolution of unfinished business, mainly the working through of unexpressed emotions surrounding past relationships and events so that one is better able to live fully in the present (Wegschieder-Cruse, et al.). Although this form of multimodal experiential therapy has been used for over 30 years, an extensive literature review showed that not a single empirical study has been published that addresses its effectiveness (Klontz, 1999).

The purpose of the present investigation was to provide empirical data about the therapeutic effectiveness of the multimodal approach and to address some of the deficits in the existing experiential therapy research. To help meet these goals, we included a repeated-measures design and the 6-month follow-up data. The following research hypotheses are a summary of the fundamental questions of the study:

1. Participants will experience significant reductions in their levels of psychological symptoms from pretreatment to posttreatment.
2. Participants will experience significant elevations in areas associated with psychological well-being from pretreatment to posttreatment.
3. Participants' changes in psychological symptoms and areas associated with psychological well-being are maintained at 6-month follow-up.

Method

Treatment Program

We assessed the outcomes at an 8-day, residential group-experiential therapy treatment program in the southwestern United States. The treatment component involved 30 hr of intensive group experiential therapy, primarily using psychodrama. Each psychodramatic vignette used a classic psychodrama approach, including warm-up, action, and sharing phases. Within that structure, treatment focused on addressing the etiology and maintenance of each participant's presenting complaint and diagnostic symptomology. Experiential techniques, such as art therapy, music therapy, sculpting, and Gestalt techniques, were used as warm-up exercises. Those techniques were also used to accentuate themes or deepen emotions that emerged during the action phase. For 6 hr outside the group-therapy room, metaphoric experiential teaching

tools involving horses, a climbing wall, or challenge course initiatives as additional warm-up and focusing tools were used. Participants also attended 15 hr of psychoeducational seminars in which a variety of topics based on therapeutic issues related to this approach were addressed.

Although the program is considered outpatient, the participants stayed on the treatment facilities grounds. To enhance treatment effects, they discontinued the use of mood-altering substances throughout the duration of the program. All participants complied with both requirements throughout the treatment program. The acting medical director strictly monitored the use of medication. Participants also received detailed behavioral guidelines, designed to lessen potential social influences (i.e., treatment romances, contact with outer world through phone calls, etc.), chemical influences (i.e., sugar, caffeine, nicotine, alcohol, etc.), and habitual influences (i.e., excessive exercise, television viewing, etc.) that could possibly detract from the effects of treatment. For more specific information about this treatment approach, we refer readers to the treatment manual that was developed for the program (Wegscheider-Cruse et al., 1990). Adherence to the treatment manual helped ensure continuity of care.

Participants

All participants attending four separate 8-day treatment programs provided in a retreat-type setting in southwestern United States were encouraged to consider participating in the study. A total of 116 individuals participated in the four programs. Eighty-six people agreed to participate and to provide pretreatment and posttreatment data. Of the original sample, 41 participants (26 women and 15 men) provided follow-up data, on average, 6 months following the completion of treatment (M = 183.76 days, SD = 32.45 days, range = 132 to 232 days). Given the nature and restrictions inherent in the repeated measures design, only those 41 participants were included in the data analysis. The average age of the 41 volunteers was 42.5 years (range, 18 to 67). The participants came from a total of 22 different U.S. states, and 98% were Caucasian. Twenty-nine percent identified themselves as single, 46% as married, and 25% as divorced. They had an average of 15.2 years of formal education. Twelve percent had participated in a previous program at the treatment center, and 87% had received some form of prior mental health treatment in their lifetimes (on average, 2.6 years of therapy). After reviewing scores from the Millon Clinical Multiaxial Inventory-III, data from the referral source, data from the group leaders, and a clinical interview, a licensed clinical psychologist using *DSM-IV* criteria diagnosed the participants. Fifty-nine percent presented with an-anxiety disorder, including 51% with generalized anxiety disorder, and 8% with posttraumatic stress disorder.

Twenty-two percent presented with a mood disorder, including 12% with dysthymic disorder and 10% with major depressive disorder, recurrent, severe without psychotic features. The remaining 19% presented with an adjustment disorder, including 10% with adjustment disorder with anxiety, 8% with adjustment disorder with mixed anxiety and depressed moods, and 1% with adjustment disorder with depressed mood.

Psychotherapists

The therapists in this study were selected from a pool of approximately 60 therapists trained in this multimodal experiential therapy approach. All of the therapists had demonstrated proficiency in using that approach by successfully completing a training program. On average, each therapist led a group of 10 participants. The therapists followed a careful regimen of daily administrative and therapeutic tasks for which they were monitored by three supervisory meetings a day. Six therapists (two masters-level psychologists and four masters-level counselors) participated in the outcome study and led the 12 groups in the four programs from which participants involved in this study received treatment. The average age of the therapists was 46.2 years (range, 35 to 54 years), with an average of 17.5 years of clinical experience (range, 10 to 31 years). The therapists had an average of 8.2 years experience using the multimodal experiential approach (range, 1 to 12 years) and had been consultants for the treatment facility for an average of 6.2 years (range, 1 to 10 years).

Instruments

Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, 1994). As a diagnostic measure, participants were given the MCMI-III, a 175-item self-report instrument designed to reflect patterns of current psychological symptoms. The instrument is scored on 11 clinical personality patterns, 3 severe personality pathologies, 7 clinical syndromes, 3 severe syndromes, and 4 modifying indices. Millon reported internal consistency coefficients ranging from .6 to .95 and test–retest stability coefficients between .82 and .95.

Beck Depression Inventory (BDI; Beck & Steer, 1987). The overall severity of depression was assessed by the BDI, one of the most frequently used self-report measures for assessing therapeutic outcome (Lambert & Hill, 1994). It is a 21-item self-report measure designed to assess the severity of depression in adults and adolescents. Beck reported internal consistency coefficients ranging from .80 to .90 and test–retest stability from .48 to .86 for psychiatric patients and .60 to .90 for nonpsychiatric patients.

Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1994). The SCL-90-R is one of the most widely used multiple-symptom measures in psychotherapy outcome research (Lambert, Christensen, & DeJulio, 1983). It is a 90-item self-report instrument designed to reflect patterns of current psychological symptoms. The instrument is scored on nine primary symptom dimensions and three global indices of distress. Derogatis reported internal consistency coefficients ranging from .77 to .90 and test–retest stability from .68 to .90. Outpatient psychiatric norms were used because they best fit the characteristic of the treatment sample (Derogatis, 1994).

Personal Orientation Inventory (POI; Shostrom, 1974). The POI is another popular self-report personality instrument used for assessing change (Lambert, Christensen, & DeJulio, 1983). It is a 150-item self-report instrument designed to measure constructs related to self-actualization. The instrument is scored on 2 basic scales of personal orientation and 10 complementary subscales measuring elements of self-actualization. Shostrom reported test–retest stability coefficients ranging from .52 to .82. Although there has been some debate about whether the POI is a valid measure of the construct of self-actualization, there is some agreement that it measures constructs related to self-actualization, and its scales were developed to reflect concepts that form Self-Actualization theory (Burnswick & Knapp, 1991; Fogarty, 1994; Hattie, 1986; Ray, 1984, 1986; Weiss, 1991). As such, the content of the subscales of the POI makes it an ideal measure for assessing the effectiveness of experiential therapy and psychodrama because it was designed to reflect changes on dimensions important to humanistic theories of growth.

Procedures

Several weeks before their arrival at the program site, the participants received by mail a brief description of the study and a request that they consider becoming volunteer participants. When they arrived at the program site, they were again asked to consider participating. Those who volunteered to participate completed a battery of questionnaires at pretreatment and immediately following therapy. Between 4 and 6 months following treatment, the participants were mailed the follow-up test battery, which included the same measures, and were asked to return the completed test through the mail. The batteries were completed on average 6.1 months following the treatment program. Because of the brief nature of the treatment program and our desire to measure differential symptoms levels at two time points within the same week, the directions for completing the SCL-90-R were altered, as recommended by the manual, to reflect an individual's feelings in the last few days, rather than in the past 7 days (Derogatis, 1994).

Five participants returned follow-up test batteries with incomplete BDIs (they did not complete the back half of the BDI form). No pattern emerged with regard to demographic variables or any other systematic variables that distinguished that group of individuals from the other participants.

Results

We used a conservative overall strategy for data analysis in this study. All initial analyses were multivariate analyses of variance (MANOVAs), and univariate contrasts were used only as follow-up tests after multivariate results proved to be significant. When possible, analyses focused on global scales before an examination of subscales. The data analysis included 2 MANOVAs, 1 one-way analysis of variance (ANOVA), and 52 univariate contrast tests: 55 tests in all. We adopted an experiment-wide p value of .05 for the study, which required the use of a Bonferroni corrected p value of .001 (.05/55) for individual tests, rounded up to .001 for ease of data display. Effect sizes (Cohen's d) were calculated, using the pooled standard deviation (Cohen, 1988).

SCL-90-R

To determine whether global symptom complaints diminished significantly, we conducted a repeated measures MANOVA comparing mean scores on the Global Severity Index (GSI) of the SCL-90-R from pretreatment, posttreatment, and follow-up. The means and standard deviations associated with that analysis are displayed in Table 1. In that initial analysis, we found a significant effect for the time of measurement, Wilk's $\lambda = .37$, $F(2, 39) = 33.32$, $p < .001$. A follow-up univariate contrast indicated that mean scores at posttreatment and follow-up were significantly lower than pretreatment scores ($t = 8.22$, $p < .001$). The effect size (d) associated with this contrast was 1.42. A contrast also indicated that there was no significant difference between GSI scores immediately following treatment and those obtained at 6-month follow-up; in fact, mean scores on the GSI were slightly lower at follow-up ($t = -1.71$; $p > .001$).

Further exploration focused on participants' scores on the Positive Symptom Distress Scale (PSDS) and Positive Symptom Total (PST), which indicate the severity of symptoms and the total number of symptoms endorsed respectively. The means and standard deviations associated with that analysis are also displayed in Table 1. Repeated measures MANOVA indicated a significant effect for the time of measurement, Wilk's $\lambda = .29$, $F(4, 37) = 22.15$, $p < .001$. Follow-up univariate contrasts indicated that symptom severity (PSDS scores) diminished significantly between pretreatment and both posttreatment and follow-up ($t = 7.54$, $p < .001$). The effect size (d) associated with this contrast was 1.69. The total number of symptoms reported (PST) also dropped

TABLE 1
Means and Standard Deviations for the SCL-90-R Scales at Pretreatment, Posttreatment, and Follow-Up (N = 41)

Scale	Time		
	Pretreatment	Posttreatment	Follow-up
SCL-90-R			
Global Severity Index			
M	1.307	0.655	0.532
SD	0.620	0.426	0.453
Positive Symptom Distress Scale			
M	2.073	1.453	1.346
SD	0.477	0.307	0.413
Positive Symptom Total			
M	54.049	37.927	32.561
SD	17.073	19.533	17.049
Somatization			
M	0.992	0.758	0.430
SD	0.735	0.674	0.482
Obsessive-Compulsive			
M	1.611	0.747	0.776
SD	0.787	0.547	0.563
Interpersonal Sensitivity			
M	1.604	0.745	0.659
SD	0.893	0.608	0.617
Depression			
M	1.854	0.866	0.750
SD	0.890	0.494	0.742
Anxiety			
M	1.459	0.805	0.505
SD	0.862	0.618	0.537
Hostility			
M	0.765	0.351	0.320
SD	0.568	0.349	0.491
Phobic Anxiety			
M	0.512	0.181	0.108
SD	0.613	0.252	0.239
Paranoid Ideation			
M	1.297	0.488	0.537
SD	0.864	0.502	0.571
Psychoticism			
M	1.003	0.459	0.362
SD	0.704	0.464	0.407

TABLE 2
Means and Standard Deviations for the BDI at Pretreatment, Posttreatment, and Follow-Up (N = 36)

Scale	Time		
	Pretreatment	Posttreatment	Follow-up
BDI			
M	18.083	4.944	7.417
SD	9.886	2.746	7.625

significantly after the treatment (t = -2.03, $p < .001$). The effect size (d) associated with this contrast was 1.05. No significant differences between posttreatment and follow-up were found in either case.

To examine more closely the significant effect for time, we conducted a repeated-measures MANOVA on the nine individual symptom scales of the SCL-90-R across pretreatment, posttreatment, and 6-month follow-up. That analysis uncovered a significant effect of time for this group of variables, Wilk's $\lambda = .134$, $F(18, 23) = 8.27$, $p < .001$. Follow-up univariate contrasts were then conducted on each of the SCL-90-R symptom scales. All nine scales showed pretreatment vs. posttreatment and follow-up reductions in symptomology significant at $p < .001$. The t scores associated with these contrasts ranged from 4.14 to 8.14. The effect sizes (d) associated with these contrasts ranged from .61 for the Phobic Anxiety subscale to 2.28 on the Depression subscale. No significant differences between posttreatment and follow-up emerged for any symptom scales: differences ranged from nonsignificant continued improvement of symptoms to nonsignificant symptom increases not exceeding a t score of .30, $p > .001$.

BDI

To determine whether symptoms of depression diminished significantly, we conducted a repeated measures MANOVA comparing mean scores on the BDI from pretreatment, posttreatment, and follow-up. The means and standard deviations associated with that analysis are displayed in Table 2. This initial analysis found a significant effect for the time of measurement, (Wilk's $\lambda = .33$, $F(2, 34) = 34.48$, $p < .001$. Follow-up univariate contrasts indicated that mean scores at posttreatment and follow-up were significantly lower than pretreatment scores (t = 7.81, $p < .001$). The effect size (d) associated with this contrast was 1.76. Contrasts also indicated that there was no significant dif-

TABLE 3
Means and Standard Deviations for the POI Scales at Pretreatment, Posttreatment, and Follow-Up (N = 41)

Scale	Time		
	Pretreatment	Posttreatment	Follow-up
POI			
Time Competent			
M	12.610	17.463	16.878
SD	3.485	2.656	3.385
Inner Directed			
M	69.683	93.854	91.537
SD	15.774	8.762	12.170
Self-Actualizing Value			
M	17.390	20.829	20.659
SD	3.943	2.509	2.762
Existentiality			
M	16.854	23.878	23.024
SD	4.922	2.926	4.162
Feeling Reactivity			
M	12.293	17.463	17.341
SD	3.913	2.599	2.972
Spontaneity			
M	9.268	14.268	13.366
SD	3.413	2.377	3.056
Self-Regard			
M	8.610	13.146	12.463
SD	3.390	2.116	2.675
Self-Acceptance			
M	11.683	17.122	16.756
SD	3.357	2.676	3.961
Nature of *M*an, Constructive			
M	10.732	12.220	11.927
SD	2.037	1.458	1.849
Synergy			
M	6.098	7.146	7.195
SD	1.715	1.085	1.123
Acceptance of Aggression			
M	12.902	17.854	17.317
SD	3.455	3.143	3.150
Capacity for Intimate Contact			
M	14.732	21.829	21.317
SD	5.153	2.616	3.636

ference between BDI scores immediately following treatment and those obtained at 6-month follow-up ($t = 2.03$, $p > .001$).

POI

To determine whether changes in participants' psychological well-being from pretreatment to posttreatment and follow-up were statistically significant, we conducted a repeated measures MANOVA comparing mean scores on the 12 scales of the POI. The means and standard deviations associated with this analysis are displayed in Table 3. This analysis found a significant effect for the time of measurement, Wilks's $\lambda = .10$, $F(26, 15) = 4.96$, $p < .001$. Follow-up univariate contrasts indicated that mean scores at posttreatment and follow-up were significantly lower than pretreatment scores. The t scores associated with those contrasts ranged from –3.85 to –10.67, all p values < .001. The effect sizes (d) associated with these contrasts ranged from .82 for the Synergy scale to 1.59 on the Self-Acceptance scale. No significant differences between posttreatment and follow-up emerged for any POI scales: differences ranged from nonsignificant improvements to nonsignificant declines not exceeding t scores of –1.91, $p > .001$.

Discussion

This study provides empirical support that this multimodal brief group experiential psychotherapy approach was effective in reducing negative psychological symptoms and enhancing psychological well-being in the participants studied. The large effect sizes offer strong support for the clinical relevance of this treatment modality. The study is an important step that can be used to inform future research in this area and to support the continued use of experiential therapy in the age of mental health treatment accountability. Although the present study has important limitations, the participants who underwent the treatment reported statistically significant symptoms improvement and personality change in a positive direction immediately following treatment, with changes remaining stable 6 months following treatment. Furthermore, positive changes were seen across a variety of diagnoses and varying levels of scope and intensity of psychological symptomology.

Significant reductions in psychological symptoms were observed immediately following treatment, as measured by the SCL-90-R and BDI. Participants reported significantly fewer psychological symptoms with significantly less intensity of perceived distress. Specifically, reductions in psychological symptoms occurred in the following areas: (a) less distress arising from perceptions of bodily dysfunction; (b) fewer thoughts, impulses, and actions that were experienced as irresistible and unremitting; (c) fewer feelings of inade-

quacy and inferiority; (d) fewer symptoms of depression; (e) fewer symptoms of anxiety including nervousness, tension, trembling, panic attacks, and feelings of apprehension and dread; (f) fewer thoughts, feelings, or actions characteristic of anger; (g) fewer irrational fear responses; (h) less paranoid behavior; and (i) fewer psychotic symptoms. The changes were stable at the 6-month follow-up.

The areas of psychological well-being that were enhanced included changes in several aspects of personality functioning as measured by the POI. Following treatment, participants were (a) more oriented to the present, (b) more independent and self-supportive, (c) more likely to hold and live by the values of self-actualizing people according to Maslow's conceptualization, (d) more flexible in their application of values, (e) more sensitive to their own needs and feelings, (f) more likely to express feelings behaviorally, (g) more able to like themselves, (h) more accepting of themselves in spite of weaknesses, (i) more able to see people as essentially good and synergic in their understanding of human nature, (j) more able to relate all objects of life meaningfully, (k) more able to accept feelings of anger and aggression, and (l) more able to develop meaningful, warm interpersonal relationships with others. Those changes were stable at the 6-month follow-up.

The present study makes a strong argument for the effectiveness of this multimodal experiential approach in a brief group format. Group therapy can be provided in a more cost-effective manner than treatment in individual formats, and the brief nature of the treatment provided in this study is also cost-effective. Such findings have clear implications for today's clinical practice with its emphasis on efficiency, cost-effectiveness, and treatment effectiveness. Evidence suggesting that brief, intensive, group-experiential psychotherapy can promote significant and lasting change is important for clinicians, clients, and third-party payers.

Because of the absence of many of the controlled conditions that are essential to efficacy studies and because of the study's focus on therapy as it is actually practiced in the field, this research falls into the category of a study measuring the effectiveness of the treatment approach. Seligman (1996) argued that "the effectiveness method investigates the outcome of therapy as it is actually delivered in the field" and that unlike efficacy studies, such studies have "no problem with inferential distance because it tests exactly what it wants to generalize to" (p. 1072). He asserted that effectiveness studies should investigate outcomes in therapy as it is actually practiced in the field, that is, without random assignment to treatment conditions and with patients who typically present with multiple problems. Seligman concluded that well-done effectiveness studies better answer many questions of interest to researchers, including whether a certain treatment "as it is actually delivered in the field, works for those who choose it" (p. 1077).

As is often the case with effectiveness studies, it was not possible to use random selection or assignment because all participants who volunteered for the study sought that particular type of treatment. The process of self-selection occurred in much the same way that clinical practice takes place, with clients actively choosing particular therapists and particular therapeutic approaches. The findings of a study of that nature, taking place in the setting in which the treatment naturally occurs, have clear implications for clinical practice, and it is likely that the results can be generalized to other individuals who wish to undergo similar treatment in similar settings. However, because of lack of a control group and the use of a nonrandom sample, it is impossible to be certain whether the results were due to the treatment or such other factors as history or maturation.

Another limitation is that the four therapy groups were combined into one analysis to keep the sample size and statistical power as high as possible. As such, differences in the various therapy groups that may have resulted from therapist and idiosyncratic group process factors were not controlled.

The present study was also limited in that it relied on data obtained from participant self-report. As such, there is no proof that identifiable behavioral changes occurred following treatment. The changes were observed only at the level of verbalization. The self-report data may have been influenced by demand characteristics. Participants may have wanted to appear improved, although they may not have improved following the treatment. Therefore, the validity of self-report data is always subject to question. The study also lacked data about the differences, if any, between those participants who volunteered to be part of the study and those who did not volunteer. Because we adhered strictly to informed consent guidelines, we collected no data on those individuals.

Another limitation of the study involves the participants' drop-out rate between the posttreatment and 6-month follow-up time periods. It is uncertain whether there were any differences between the degrees of stability of changes in the group that responded to the follow-up, compared to those who did not respond. Although the nonreturn rate was acceptable, given the nature of the data collection procedures (the loss of 45 participants out of original 86), more data points would have been ideal.

The use of a control group was not feasible because of practical constraints. Future research in this area would benefit from the inclusion of a control or comparison group. Future research might also benefit from a design that would take into account any differences that might be occurring as a result of specific-therapist and group-process factors. Such a design might offer useful information about such variables as therapist factors that may have differentially influenced change.

From the results of the present study, we can empirically demonstrate that participants reported statistically significant reductions in psychological

symptomology and enhancements in personality functioning after an 8-day treatment program that took place in a natural clinical setting. Unlike many of the studies in the available literature, in this study, we operationalized the experiential treatment procedures s and demonstrated that the effects on participants were stable at a period 6 months following treatment. Despite noting the clear limitations of the study, we believe that it was an important first step in validating the usefulness of this brief form of multimodal experiential group psychotherapy approach. In today's world, psychotherapists must show that they can obtain results in a timely and cost-effective manner. Anecdotal evidence addressing experiential therapy's effectiveness is no longer sufficient. To ensure the proliferation and continued use of experiential therapy, its proponents need to meet the challenge of the future. They must operationalize their approaches to therapy and add to the literature that empirically demonstrates experiential therapy's effectiveness.

REFERENCES

Arn, I., Theorell, T., Uvnas-Moberg, K., & Jonsson, C. (1989). Psychodrama group therapy for patients with functional gastrointestinal disorders—A controlled long-term follow-up study. *Psychotherapy and Psychosomatics, 51*, 113–119.

Beck, A. T., & Steer, R. A. (1987). *Beck Depression Inventory manual.* San Antonio: The Psychological Corporation.

Burnswick, S., & Knapp, R. R. (1991). Advances in research using the Personal Orientation Inventory. *Journal of Social Behavior and Personality, 6*(5), 311–320.

Carpenter, P., & Sandberg, S. (1985). Further psychodrama with delinquent adolescents. *Adolescence, 20*(79), 599–604.

Cohen, J. (1988). *Statistical power analysis for the behavioral science* (2nd ed.). Hillsdale, NJ: Erlbaum.

Cummings, N. A. (1995). Impact of managed care on employment and training: A primer for survival. *Professional Psychology: Research and Practice, 26*(1), 10–15.

D'Amato, R. C., & Dean, R . S. (1988). Psychodrama research—Therapy and theory: A critical analysis of an arrested modality. *Psychology in the Schools, 25*(3), 305–314.

Dayton, T. (1994). *The drama within: Psychodrama and experiential therapy.* Deerfield Beach, FL: Health Communications.

Derogatis, L. R. (1994). *Symptom Checklist-90-R: Administration, scoring, and procedures manual* (3rd ed.). Minneapolis, MN: National Computer Systems.

Elliot, R., & Greenberg, L. S. (1995). Experiential therapy in practice: The process-experiential approach. In B. Bongar & L. E. Beutler (Eds.), *Comprehensive textbook of psychotherapy: Theory and practice* (pp. 123–139). New York: Oxford University Press.

Flomenhaft, K., & DiCori, F. (1992). Family psychodrama therapy. *Journal of Family Psychotherapy, 3*(4), 15–26.

Fogarty, G. J. (1994). Using the Personal Orientation Inventory to measure change in student self-actualization. *Personality and Individual Differences, 17*(3), 435–439.

Greenberg, L., Elliot, R., & Lietaer, G. (1994). Research on experiential psychothera-

pies. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 509–539). New York: Wiley.

Hattie, J. (1986). A defense of the Shostrom Personal Orientation Inventory: A rejoiner to Ray. *Personality and Individual Differences, 7*(4), 593–594.

Hollon, S. D., & Beck, A. T. (1994). Cognitive and cognitive-behavioral therapies. In A. E. Bergin, & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 428–466). New York: Wiley.

Kaye, D. L., Dichter, H. N., & Keith, D. V. (1986). Symbolic-experiential family therapy. *Individual Psychology: Journal of Adlerian Theory, Research, & Practice, 42*(4), 521–536.

Kellermann P. F. (1987). Outcome research in classical psychodrama. *Small Group Behavior, 18*(4), 459–469.

Kipper, D. A. (1978). Trends in the research on the effectiveness of psychodrama: Retrospect and prospect. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 31*, 5–18.

Kipper, D. A., & Gilandi, D. (1978). Effectiveness of structured psychodrama and systematic desensitization in reducing test anxiety. *Journal of Counseling Psychology, 25*(6), 499–505.

Klontz, B. T. (1999). *The effectivenss of the ASET model of brief intensive group experiential psychotherapy.* Unpublished doctoral dissertation, Wright State University.

Lambert, M. J., Christensen, E. R., & DeJulio, S. S. (Eds.). (1983). *The assessment of psychotherapy outcome*. New York: Wiley.

Lambert, M. J., & Hill, C. E. (1994). Assessing psychotherapy outcomes and processes. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavioral change* (4th ed., pp. 72–113). New York: Wiley.

Loftus, E. F. (1979). The malleability of human memory. *American Scientist, 67*, 312–320.

Mahrer, A. R. (1983). *Experiential psychotherapy: Basic practices*. New York: Brunner/Mazel.

Mann, S. J. (1982). The integration of psychodrama and family therapy in the treatment of schizophrenia. *Family Therapy, 9*(3), 215–225.

Mehdi, P. R., Sen, A. K., & Sen Mazumdar, D. R. (1997). The usefulness of psychodrama in the treatment of depressed patients. *Indian Journal of Clinical Psychology, 24*(1), 82–92.

Millon, T. (1994). *MCMI-III manual*. Minneapolis, MN: National Computer Systems.

Perrott, L. A. (1986). Using psychodramatic techniques in structural family therapy. *Contemporary Family Therapy, 8*(4), 279–290.

Ragsdale, K .G., Cox, R. D., Finn, P., & Eisler, R. M. (1996). Effectiveness of short-term specialized inpatient treatment for war-related posttraumatic stress disorder: A role for adventure-based counseling and psychodrama. *Journal of Traumatic Stress, 9*(2), 269–283.

Ray, J. J. (1984). A caution against the use of the Shostrom Personal Orientation Inventory. *Personality and Individual Differences, 5*(6), 755.

Ray, J. J. (1986). Perils in clinical use of the Shostrom POI: A reply to Hattie. *Personality and Individual Differences, 7*(4), 591.

Seligman, M. E. P. (1996). Science as an ally of practice. *American Psychologist, 51*(10), 1072–1079.

Shostrom, E. L. (1974). *Personal Orientation Inventory manual: An inventory for the measurement of self-actualization*. San Diego, CA: Educational and Industrial Testing Service.

Stallone, T. M. (1993). The effects of psychodrama on inmates within a structured residential behavior modification program. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 46*(1), 24–31.

Wegscheider-Cruse, S., Cruse, J. R., & Bougher, G. (1990). *Experiential therapy for co-dependency*. Palo Alto, CA: Science & Behavior Books.

Weiss, A. S. (1991). The measurement of self-actualization: The quest for the test may be as challenging as the search for the self. In A. Jones & R. Crandall (Eds.), *Handbook of self-actualization [Special Issue]. Journal of Social Behavior and Personality, 6*(5), 265–90.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

BRADLEY T. KLONTZ is a clinical psychologist in Kapaa, Hawaii, and a consultant for Onsite Workshops, Inc. in Cumberland Furnace, Tennessee. His mailing address is P.O. Box 529, Kapaa, HI 96746. EVE M. WOLF, an associate professor in the School of Professional Psychology at Wright State University in Dayton, Ohio, is also associated with the Center for Psychological Services at the Fredrick A. White Health Center in Dayton. ALEX BIVENS, a clinical psychologist with the Hawaii State Department of Education who specializes in treatment outcome research and program evaluation, lives in Kalaheo, Hawaii.

Stallone, T. M. (1993). The effects of psychodrama on inmates within a structured residential behavior modification program. *Journal of Group Psychotherapy, Psychodrama, and Sociometry, 46*(1), 24–31.

Wegscheider-Cruse, S., Cruse, J. R., & Bougher, G. (1990). *Experiential therapy for co-dependency*. Palo Alto, CA: Science & Behavior Books.

Weiss, A. S. (1991). The measurement of self-actualization: The quest for the test may be as challenging as the search for the self. In A. Jones & R. Crandall (Eds.), *Handbook of self-actualization [Special Issue]. Journal of Social Behavior and Personality, 6*(5), 265–90.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

BRADLEY T. KLONTZ is a clinical psychologist in Kapaa, Hawaii, and a consultant for Onsite Workshops, Inc. in Cumberland Furnace, Tennessee. His mailing address is P.O. Box 529, Kapaa, HI 96746. EVE M. WOLF, an associate professor in the School of Professional Psychology at Wright State University in Dayton, Ohio, is also associated with the Center for Psychological Services at the Fredrick A. White Health Center in Dayton. ALEX BIVENS, a clinical psychologist with the Hawaii State Department of Education who specializes in treatment outcome research and program evaluation, lives in Kalaheo, Hawaii.

Surplus Reality and the Experiential Reintegration Model in Psychodrama

DAVID A. KIPPER

ABSTRACT. In this article, the author describes the principles of the Experiential Reintegration Model (ERM), a new formulation of the therapeutic propensity of psychodramatic and role-playing enactment. The model is based on the premise that psychotherapy aims to provide clients with new experiences, the kind that can substitute for, alter, add to, and replenish previous unsatisfying experiences. Effectiveness of such experiences in the therapist's depends on the similarity of the quality of those experiences to the qualities of experiences that occur naturally in the outside world. That is accomplished through surplus reality, the concept that alters the dimensions of time, space, and reality. The theory of the ERM is that surplus reality is the most therapeutically potent factor in psychodramatic intervention.

Key words: psychodramatic intervention, role playing, surplus reality

THE VARIOUS MODALITIES OF GROUP PSYCHOTHERAPY DIFFER in the specific psychological processes that are the focus of their interventions. For example, some psychoanalytically oriented approaches view the uncovering of the unconscious as their central concentration (e.g., Foulkes, 1964; Foulkes & Anthony, 1957; Wolf & Schwartz, 1962). Others concentrate on identifying defense mechanisms to unravel the issues that lie behind them, as in psychodynamic group psychotherapy and system-oriented approaches (e.g., Agazarian, 1997; MacKenzie, 1990; Rutan & Stone, 1993; Whitaker & Lieberman, 1964). Other modalities adopt a more eclectic stance and focus on a host of therapeutic processes and a range of curative factors (e.g., Crouch, Bloch, & Wanlass, 1994; Yalom, 1995). In this article, I present the Experien-

tial Reintegration Model (ERM) for group therapy, a model that provides a new formulation for an action-oriented therapeutic intervention.

The new formulation is based on theoretical ideas and the practice of psychodrama (Moreno, 1953, 1964) and, to a lesser extent, on the theory of Gestalt therapy (Perls, Hefferline, & Goodman, 1951). The model rests on three premises. The first is that providing protagonists with new and intense experiences gives them an opportunity to reintegrate those experiences into their already existing experience pool or profile of experiences. Reintegration creates a new experience pool with new combinations of experiences, a process that results in modified feelings, perceptions, attitudes, and dysfunctional behaviors. The second premise is that effective experiential integration psychotherapy is contingent on the ability to produce, in the therapy room, experiences that are of the same emotional and cognitive quality as those that occur naturally in life. The term *emotional and cognitive quality* refers to experiences involving the activation of the sensorimotor, intellectual, and kinesthetic functions of the brain. The third premise is that the best way to achieve such an experiential reintegration is through role-playing enactment and therapeutic simulations (Kipper, 1986, 2001), as practiced in classical psychodrama and its neoclassical variations (e.g., Emunah, 1997; Kellermann & Hudgins, 2000).

J. L. Moreno was the first to regard group psychotherapy as an avenue for reintegrating new experiences through therapeutic simulations and role playing. In the introduction to *Psychodrama Volume I,* Moreno (1964, p. xxii) wrote:

> The psychodramatic method rests on the hypothesis that, in order to provide patients, singly or in groups, with a new opportunity for psychodynamic and sociocultural reintegration, "therapeutic cultures in miniature" are required in lieu or in extension of unsatisfactory natural habitats. Vehicles for carrying out this project are . . . the neutral, objective, and flexible therapeutic theater . . . structured to meet the sociocultural needs of the protagonist. (emphasis added)

That early idea stimulated me to develop the newly formulated model that I describe in this article.

The Model

Basic Principles and Concepts

The ERM is based on the principle that human behavior, adaptive and pathological, is formed through the effects of the experiences accumulated during one's lifetime. One's unique experience pool, which is the special composition and combination of one's past experiences, plays a decisive role in the formation of one's approach to, and outlook on, reality and life. Lasting impressions, either satisfying or painful, and modes of thinking, either rational or irrational, are associated with the experiences that have made the

strongest impact. Many of those, whether remembered or repressed, generate a considerable influence on one's state of well-being and mental health. As a result, skills, perceptions, attitudes, and logical inferences are derived from and shaped by such experiences.

Painful experiences. Not all past experiences leave profound effects on the individual. Many turn out to be inconsequential or to have limited impact. As long as they remain relatively insignificant, they play no role in the psychotherapeutic process. From this perspective, the primary focus of the ERM is centered on the experiences that appear to have caused either repressed or unforgettable pain and consequently created biases, dysfunctional behavior, unhelpful attitudes, or other debilitating effects. Such experiences are associated with intense and long-lasting painful memories. Their impact is manifested in maladaptive behavior and self-defeating attitudes.

Therapeutic strategy. To attain positive therapeutic effects with experiential reintegration, the therapist chooses a treatment strategy that focuses on removing the adverse consequences of the troubling experience. That is accomplished either by completely replacing with better ones those experiences that led to such consequences in the first place or by altering their unsatisfying endings. Removing painful experiences entails offering the protagonist the opportunity to experience, through psychodramatic enactment, new experiences that are incompatible with the old ones. The procedure replaces painful memories with experiences that lead to a much more productive and satisfying outlook and conduct. Changing the ending of a painful experience involves providing the protagonist with the opportunity, through psychodramatic enactment, of re-experiencing the previous event with one significant alteration: The basis of the old experience remains unaltered; its resolution, conclusion, or ending, however, is replaced with a new, gratifying resolution. To paraphrase the famous encounter between Moreno and Freud in 1912 at the University of Vienna, I maintain that the ERM therapeutic strategy, instead of analyzing people's past experiences, focuses on teaching them or offering them the chance to have better experiences (Moreno, 1964, pp. 5–6).

Beyond Catharsis

Often, action-oriented procedures, and in particular traditional psychodramas and role-playing simulations, are conducted with the goal of attaining emotional ventilation or catharsis. Typically, that is accomplished by having the protagonist re-enact painful events, using the techniques of exaggeration and selective magnifications to enlarge the proportion of the event and the

feelings beyond those experienced originally (Kipper, 1986, pp. 70–77). Examples of the exaggerations are described as "freezing the moment," "responding in slow motion," "doubling," "making loud sounds," "growing tall" (by stepping on a chair), or "growing small" (by sitting on the floor).

Therapists have evaluated the importance of catharsis in psychotherapy during the last couple of decades, and that resulted in a modified appreciation, a view that differed from the position commonly held during the 1950s (Bemak & Young, 1998; Nichols & Efran, 1985). Early studies on catharsis that affirmed its great therapeutic power suffered from problems in the methods used to conduct the studies. Later studies raised serious questions about the central role accorded to catharsis in psychotherapy. That led to the contemporary understanding that by itself, catharsis has a limited long-term value. According to Bemak and Young (1998, p. 169), "emotional arousal should be accompanied by a cognitive change to achieve maximum therapeutic effectiveness." Nichols and Efran (1985) also concluded that catharsis must be supplemented with new learning to have a lasting therapeutic gain.

The experiential reintegration approach focuses on altering the experiences either by providing new ones or through changing the outcome of past unsatisfying ones. The importance of catharsis is de-emphasized. It is recognized that catharsis may be important in removing emotional inhibitions that block the way and prevent new experiences. In such situations, attaining cathartic effects is very helpful. When catharsis does happen, it must be supplemented with experiences that provide new resolution and cognitive appreciation of the new learning. Not every experiential reintegration effort, however, requires prior emotional cathartic experience, and sometimes catharsis may become a form of acting-out, a resistance to change.

Satisfying and unsatisfying experiences. When an experience culminates in a satisfying feeling, one is said to be in a state of psychic negentropy. Csikszentmihalyi (1975) explained that psychic negentropy is a condition that produces pleasure, happiness, satisfaction, and enjoyment. It occurs when all the contents of consciousness (and perhaps also of unconsciousness) are in harmony with each other and with the goals that define the person's sense of self. In other words, it is a situation in which the information the person has about all reality that matters in the situation is congruent with his or her own goals. Therefore, good experiences end in a state of psychic negentropy. For example, if I want to spend time painting this afternoon (my goal) and know that I have the time set aside for it, the paints, the brushes, the canvas, the light, a quiet room, and the skills for painting (which I learned), I am likely to have a satisfying experience. Here my goal and all the elements and the information needed to achieve that goal are in harmony. If an unforeseen interference occurs or the elements are not congruent with each other (e.g., the brush

breaks or I run out of red and yellow paints), I will have difficulties attaining my goal satisfactorily. The goal is an essential component in attaining a negentropic state.

At the opposite end of the pole from the positive experiences, we find the unsatisfying, bad experiences. Csikszentmihalyi (1978, 1985) described that condition as psychic entropy. The term refers to those states that produce disorders by conflicting with individual goals. "Psychic entropy is a condition in which there is 'noise' in the information-processing system. It is experienced as fear, boredom, apathy, anxiety, confusion, jealousy, and a hundred of other nuances depending on the nature of information and the kind of goals the information is in conflict with" (Csikszentmihalyi & Csikszentmihalyi, 1988, p. 22). For instance, hearing of an impending storm may cause anxiety and disappointment for a person who planned a picnic. For the farmer, however, the news may cause panic because a storm may ruin crops.

Categories of experiences. The ERM recognizes two main categories of experiences—encapsulated experiences and the unrealized experiences. Encapsulated experiences are those that have already occurred in the past. For well-adjusted persons, the vast majority of encapsulated experiences contain positive experiences. Those constitute the matrix from which our strength, talents, skills, self-esteem, wisdom, and intellectual ability are formed. The best of the positive experiences are also associated in our mind with good feelings and happiness. Some encapsulated experiences, however, are remembered as negative. For the most part, those include insignificant, unpleasant past experiences that turned out to be of little or no consequence. Some negative past experiences are extremely important, and those experiences, perhaps related to intense fear, trauma, and abuse, are remembered as painful and devastating.

Unrealized experiences are events or situations that one missed having in the past and wishes to have had. Most of the experiences subsumed under this category include positive experiences because they are associated with curiosity, hopes, and wishes. Examples include waiting for a 21st birthday or fantasizing about one's own first-born child. They also include experiences missing from one's past, the experiences one wishes to have had. Examples are the wish to have had a baby brother, a loving mother, a protective father, or a pleasurable vacation with both parents (in case of a parental divorce). There are also negative unrealized experiences, such as the fear or trepidation that emerges in anticipation of an event that has not yet occurred—waiting for an important interview or preparing for an encounter involving a difficult situation.

The ERM addresses all those experiences, whether they are associated with satisfaction (psychic negentropy) or dissatisfaction (psychic entropy). It should be noted that that holds true also for satisfying past experiences (the

encapsulated, negentropy type) that form the healthy experiential basis to build on for new learning.

Surplus Reality

Surplus Reality as a Therapeutic Factor

Surplus reality is one of the most intriguing, yet one of the least discussed, concepts in psychodrama. According to Moreno (1953), surplus reality stands for an extensive experience of reality that is marked by the removal of boundaries:

> There is in psychodrama, a mode of experience which goes beyond reality, which provides the subject with a new and more extensive experience of reality, a surplus reality. . . . This expansion of experience is made possible in psychodrama by methods not used in life—auxiliary egos, auxiliary chair, double, role reversal, mirror, magic shop. The high chair, the psychodramatic baby, soliloquy, rehearsal of life, and others . . . (Moreno, 1965, pp. 212–213)

For unknown reasons, Moreno wrote very little about surplus reality beyond that quotation. Only recently has the topic been brought to the forefront with the publication of a small book titled *Psychodrama, Surplus Reality and the Art of Healing* (Moreno, Blomkvist, & Rützel, 2000). In it, author Zerka Moreno wrote that surplus reality is an experience that propels the individual to "step outside his or her limited world and *dissolve borders*" (emphasis added; Moreno et al., 2000, p. 1). The result is that through surplus reality, protagonists find themselves in a world without limits, where they are liberated from the constraints of the real world. Men can portray women and vice versa; children can portray adults and vice versa; one can portray a diamond ring, a car, any kind of object, a body part, an idea, or a concept. Surplus reality, therefore, represents a therapeutic factor that emanates from a temporary dissolution or a guarded removal of both external and internal psychological boundaries. Z. Moreno (Moreno et al., 2000, p. 1) wrote, "Unfortunately, Moreno wrote very little on this subject." She did not offer an explanation for the paucity of discussions on that concept, and I cannot speculate on that point either.

In traditional psychodynamic group psychotherapy, therapists view the removal of boundaries, even temporarily, as a counterproductive and an antitherapeutic act. Moreno (1953, 1964) realized that under certain conditions the opposite is true. He discovered that psychotherapy conducted on the basis of the surplus-reality principle, namely, deliberately removing such boundaries during the session, results in powerful therapeutic effects. A most important prerequisite for the introduction of surplus-reality techniques and experiences is a clearly marked action space in the therapy room, a requirement discussed next.

Experience-Related Spaces and Levels of Interaction

The ERM identifies four experience-related spaces, each representing a different level of interaction (see Figure 1). The four spaces are divided into two pairs of two. The first pair is the outside world and the therapy room; the second pair is the group space and the psychodramatic action space.

The outside world. This is the place where the protagonist lives in the present. In the outside world, the rules of conduct and the external boundaries are set by the culture in which one lives. That is the reality in which protagonists experience the behavioral and emotional difficulties that bring them to therapy. It is the reality from which they come to the beginning of their psychotherapy sessions and the world to which they return at the end of the sessions. The overall aim of therapy is to help the protagonist function well in the outside world.

The therapy room. The therapy room is a place governed by therapeutic norms. Here, the rules are quite different from those that prevail in the outside world. The transition from the one environment and its norms to the other

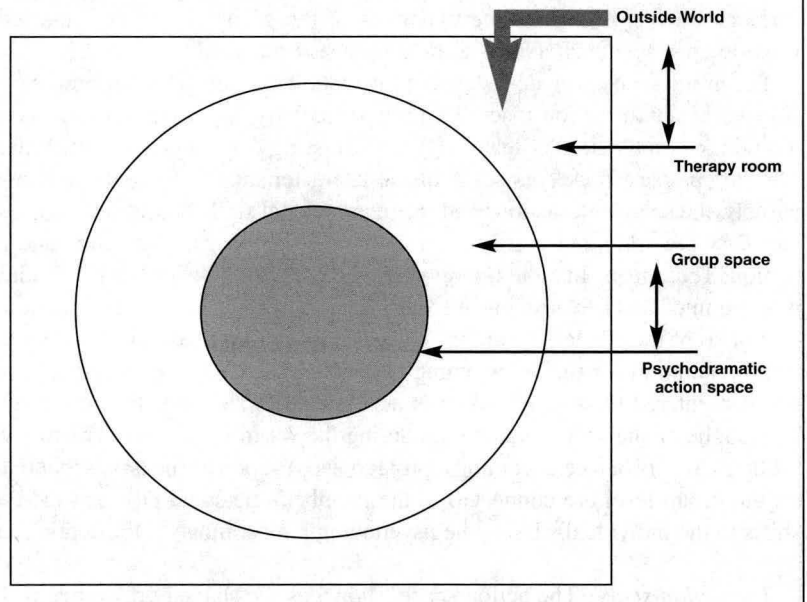


FIGURE 1. Four Experience-Related Spaces and Levels of Interaction in the Experiental Reintegration Model.

involves considerable change for the protagonist. While in the environment of the therapy room, the protagonist is encouraged to be open and honest. There is no reprimand or punishment for whatever is said and expressed (provided the responses do not conflict with the boundaries of professional and ethical codes). The protagonist is assured of positive regard, empathy, and understanding. The difference between the interactions that take place in the outside world and those that take place inside the therapy room also represents a difference in the degree that protagonists are sheltered and protected from unacceptable reactions from other group members. Although the norms of the outside world vary from culture to culture and from one society to another, the therapeutic norm in the treatment room tends to be universal, regardless of where the treatment takes place.

Inside the therapy room, the ERM distinguishes between two therapeutic spaces, the group space and the action space. Those are depicted as the large and the small circles in Figure 1.

The group space. This is the area where the group members sit, typically in a circle or in a U-shaped arrangement of chairs. The norms that prevail at that level of interaction are agreed to in advance by all the members and their therapist. While preserving the basic norms of the sheltered therapeutic environment that govern the therapy room, group members are exposed to group pressures and to the effects of the dynamics of the group. They are expected to provide open feedback and to address feedback received from others.

The group space provides a level of interaction that mediates between the outside world and the action space. That is a particularly important function because it retains a combination of features that are missing from any of the other places. The group space preserves some of the characteristics of the outside world—namely, the social interactions and the interpersonal skills required for coping in the outside world—but is still governed by therapeutic rules of safety and protection. That means that the protagonist who completes his or her psychodrama is not immediately exposed to the outside world but instead spends the last 15 min or so of the session during the closure and sharing phase in the group level as a preparation for the forthcoming encounter. Similarly, the protagonist who has just entered the therapy room is not pressed to step into the action space. Instead, he or she spends some time during the warm-up phase interacting with group members before becoming a protagonist. As soon as the issues that unfold on the group level are connected to the member's personal past and the focus shifts to the individual's issue, the psychodrama must move to the action space.

The action space. The action space, shown as the shaded gray circle in Figure 1, is a therapy-related space that is unique to psychodrama and the ERM. It represents a level of interaction unparalleled in any other form of group psychotherapy. In traditional psychodrama, it is referred to as the psychodramatic

stage (Moreno, 1964). The action space is a clearly marked area, ideally represented by a round carpet or a circle marked with masking tape. Within the marked boundary of the action space, protagonists are freed from the constraints of time, space, and reality. Through role playing, they can pretend they are small children, regressing to a younger age or projecting themselves forward to be older. In the action space, they can set up role-play situations that exist anywhere on this earth and beyond, even in Heaven or Hell. They can enact any situation they wish, regardless of whether it is real or fantasized. Inside the action space, the boundaries and limitations imposed by time, space, and reality are temporarily removed.

A protagonist's transition from the group space to the action space represents a major shift in the therapeutic milieu. It signifies a move from working with the group members to a total focus on the subjective realities of the individual protagonist under a unique constellation that legitimizes the freedom from the boundaries that define the various dimensions of time, space, and reality.

Psychodramatic Time, Space, and Reality

Inside the action space, time, space, and reality acquire a special psychodramatic meaning (Moreno, 1966), which I describe next. Figure 2 is a graphic representation of the dimensions in the action space of the ERM.

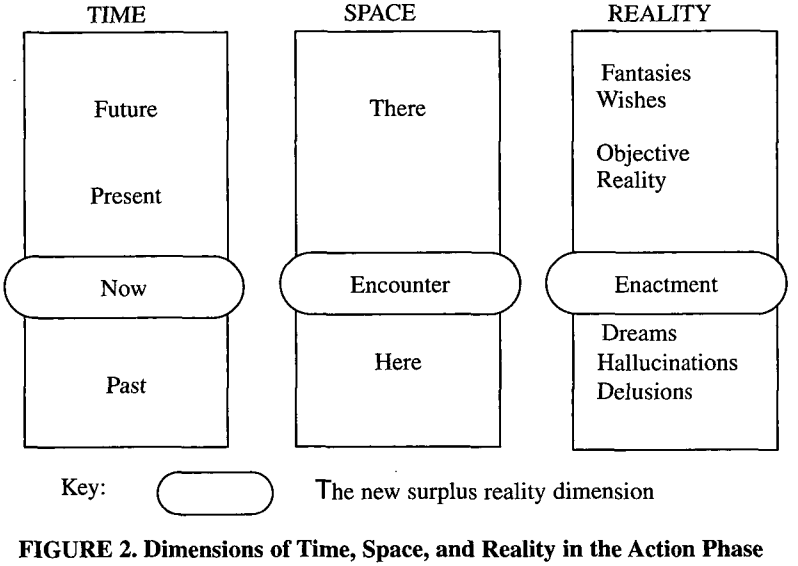


FIGURE 2. Dimensions of Time, Space, and Reality in the Action Phase of the Experiential Reintegration Model.

Time (focusing on the now). Time has three dimensions—past, present, and future. The three distinct temporal dimensions separate history from expectations, accomplishments from wishes, and the novel from the familiar. The ERM recognizes only one time dimension: the present or the now. The implication of this is that the boundaries between past, present, and future no longer exist, and every experience enacted using psychodramatic therapeutic simulations (Kipper, 2001) is portrayed as if it occurs now. This holds true regardless of when the portrayed event actually took place or when it is expected to happen in the future. So, one can travel in time back and forth and become younger or older. Past and future disappear and are interwoven into the present. For instance, if a middle-aged protagonist enacts a situation from her childhood, she is expected to behave in a manner congruent with that age.

Space (focusing on the encounter). Space has two dimensions—here and there. In the context of psychotherapy, *here* refers to the therapy room, the psychological in-vitro, and *there* refers to any other place that exists in real life or in one's imagination, the in-vivo. In general, conducting in-vivo therapy presents immense logistical problems. In psychodrama, it is practically impossible. The best that can be done is to re-create those places in the treatment room as an approximation of the actual reality. The characteristics of this procedure are described elsewhere under the old paradigm of Behavior Simulations (Kipper, 1986) or the new paradigm of Therapeutic Simulation (Kipper, 2001).

The psychological process that facilitates creating life situations in the therapy room is the encounter. By definition, all confrontations occur in the here and now. Both the spatial component (the *here*) and its temporal one (the *now*) are indispensable features of the encounter. For example, if the experience being portrayed took place, or is expected to take place, in the protagonist's kitchen, an approximated simulation of the kitchen is created in the therapy room. The idea is similar to that captured in the saying "If Muhammad cannot go to the mountain [taking the protagonist to the original place], then the mountain will come to Muhammad [the place is re-created in the therapy room]."

Psychological simulations are very effective, even without exact replications of the original scene. Protagonists experience feelings similar to those they had in the original situation, even if they merely use empty chairs to represent important objects in the scene. They invoke mental and visual memory of the physical characteristics of the original situation and project them into the scene they create in the psychodrama.

Reality (focusing on enactment). Reality has three dimensions—fantasies and wishes; objective reality; and dreams, hallucinations, and delusions. Objective reality constitutes our perception of the environment and the world we live in, as it is. Fantasies and wishes are the consciously imagined

realities that we would like to happen to us. Dreams, hallucinations, and delusions are what we unconsciously or subconsciously imagine; they involve varying degrees of reality distortions. Those may range from normal distortions, such as dreams, to those that are pathological, such as hallucinations and delusions.

Surplus reality removes the boundaries of these three dimensions and recognizes only one reality dimension—the enacted reality. The enacted reality represents the only reality dimension that is considered. One is offered the opportunity to travel freely from the world of fantasies or the world of hallucination to the objective reality in which the experience is to be enacted as if it were objectively real. The rule is that if the experience is enacted in the action space, it is real. For instance, suppose a protagonist wishes to examine his relationship with his father at the age of eight. He is allowed to become a young boy and experience childhood again. The same rule applies when the desire is completely fantastic or even bizarre. Suppose a protagonist wishes she were God. The ERM can provide her the surplus-reality experience of being God. If a protagonist believes that his body has been invaded by a Martian creature and he is now destined to bring peace on earth, the ERM can provide him the surplus-reality experience to fulfill that role and enact it—but only inside the action space.

In short, surplus reality removes the internal boundaries that exist within time, space, and reality and reduces each to a single dimension. The only dimension of time is now; the only dimension of space is here where the encounter occurs; the only dimension of reality is what is enacted in the action space, which constitutes the objective reality.

Surplus Reality and Genuine Experiences

The formulation of psychodrama as an experiential reintegration therapy is made possible because of the discovery of the effects of surplus reality (Moreno, 1964). Earlier in this article, I noted that one of the three premises of the ERM is that an effective experiential integration psychotherapy is contingent on the ability to produce, in the therapy room, experiences that are of the same emotional and cognitive quality as those that occur naturally in life. Such experiences must involve the totality of the person's senses, the sensorimotor as well as the cognitive senses. Only then can experiences produced in the simulated environment effectively compete, in terms of intensity, with those that occur in the outside world. Because surplus reality mandates that any portrayal inside the action space must be in the here-and-now and enacted as the objective reality, such portrayals acquire the surplus-reality quality of being new and authentic. Actually, the ERM cannot become an effective therapeutic modality without compliance with the principles of surplus reality.

The Issue of Boundaries

Boundaries and Psychodrama

The concepts of surplus reality and the action space are interrelated, and they represent the closest psychodrama theory gets to the issue of boundaries. The issue of boundaries has never been explicitly presented as such, and it is unclear why so little attention has been given in the psychodrama literature to surplus reality (Moreno et al., 2000). Whether that indicates an ambivalent approach to the issue of boundaries in psychodramatic thinking is not a certainty.

Turbulence at the Boundaries

The importance of boundaries in psychotherapy is a fundamental concept in many individual and group therapeutic approaches. It is particularly prominent in such group psychotherapy approaches as System-Centered Therapy (STC; Agazarian, 1997; Agazarian & Peters, 1981) and General System Theory (GST; MacKenzie, 1990; Rice, 1969; Rutan & Stone, 1993). In those approaches, boundaries refer to the threshold between the known and the unknown (Agazarian, 1997) or the awareness that two entities are different, meaning that one has information about the differences (MacKenzie, 1990). Respecting boundaries and appropriately crossing them represent the focus of the psychotherapeutic endeavor.

The expression "turbulence at the boundary" was coined by Agazarian (1997, p. 62) and refers to the fact that every time a group member attempts to cross the boundary, he or she needs to make new discriminations or new integration. Often crossing boundaries involves conflicts and evokes strong defenses. The rationale for focusing on the boundary is that there is always an emotional concern at the boundary. Such turbulence is expressed in terms of defensive behavior, misinterpretations, or misconstructions. In other words, the therapeutic effort focuses on the types of reactions that are evident at the boundaries.

Rutan and Stone (1993) regarded the psychotherapist as a "boundary regulator" who monitors boundaries "and makes interventions that are appropriate to their diagnosis concerning the permeability or impermeability of boundaries. It is at the boundary level that attention should be paid, whether it is between group members, between group members and leaders, or even between boundaries separating aspects of an individual" (p. 154).

ERM and the Issue of Boundaries

As indicated earlier, the ERM places a great emphasis on the psychological and psychotherapeutic significance of boundaries. The reason for that emphasis lies in the potential antitherapeutic effects, such as reality and identity confu-

sion, that can result from exposure to surplus reality that extends beyond the action space. To distinguish between surplus reality in the action space and reality of the outside world, psychodramatists introduce the technique of de-roling, a method by which auxiliaries relinquish the role(s) they portrayed in the action space. Indeed, that procedure helps restore proper boundaries for the auxiliaries.

When either the protagonists or the auxiliaries step out of the action space, that is called "falling out of the stage," often a sign of resistance. To be able to detect such behavior, the therapist must clearly delineate the action space. That is the rationale for insisting that the boundaries of the action space be clearly marked. In the days when psychodrama was conducted on a real stage, as practiced in Moreno's psychodrama theater at Beacon, New York, the boundaries were the edge of the stage, a clear delineation of the action space. When psychodrama became popular and was practiced in regular treatment rooms, the need for the construction of a costly stage was eliminated for practical considerations. Consequently, the rationale for maintaining the action space boundaries was ignored, by default.

The psychological importance and psychotherapeutic advantage of having clear boundaries for the action space are not restricted to conducting psychodramas with a single protagonist. They apply to the use of such surplus reality techniques as role reversal and doubling on the group space level, as shown in Figure 1. Many group therapists use surplus-reality techniques such as role reversal and doubling in the group-space level. In that case, the therapist must either announce to the group that, for a short period, the group space is to be considered the action space or ask the group to move into the clearly marked action space.

Relief at the Boundaries

The manner in which the ERM addresses the issue of boundaries differs from all other psychodynamic and system-oriented approaches in two major ways. First, through surplus reality, the ERM temporarily removes many of the external and internal boundaries. Second, that freedom is restricted to the one area in the treatment room. In effect, that creates an innovative system that promotes a combination of dissolved boundaries inside the action space and maintained boundaries outside the action space. In that way, the ERM benefits from the therapeutic advantage of both types of boundaries and provides a therapeutic modality in which turbulence may turn into relief.

Concluding Comments

Therapists may ask why role enactment is important in therapy and what added value it contributes to the curative process. The ERM provides an

answer to these questions by presenting a theoretical model that draws on some psychodramatic principles but puts them together in a new fashion. It places the central focus of the treatment on altering the "experience pool" of clients, rather than on making them more spontaneous persons. More important, the ERM offers a conceptual frame of reference for conducting psychodramatic procedures and role enactment that may be acceptable to group therapists who do not necessarily adhere to Moreno's theory. Reformulating the rationale for incorporating role enactment into traditional group psychotherapy expands the scope of classical psychodrama and increases its applicability.

The ERM is based on the premise that successful psychotherapy requires rearranging the client's unsatisfying experience repertoire. A treatment based on the ERM contains the following three steps:

- Exploring the client's existing experience pool,
- Evaluating the old experiences that require therapeutic attention, and
- Providing new experiences that eradicate or alter unsatisfying experiences, including those that have been missed or expected.

Exposure to new experiences by itself does not guarantee a complete therapeutic success. The exposure needs to be followed by a process that helps to integrate the new experiences into the client's previous memory system to form a new and satisfying experience pool. It is my hypothesis that when such exposure pertains to critical experiences, integration occurs spontaneously because of a person's natural tendency to prefer satisfying to unsatisfying roles and memories. Therapist-initiated cognitive processes can facilitate and enhance the integration process.

For practical reasons, therapy based on the ERM has to be conducted in a therapist's office, rather than in the community. Experiences created in such an artificial surrounding must be very intense if they are to acquire quality and potency similar to those that occurred naturally. They must invoke processes identical to those that operate in the outside world. At that point, role enactment becomes critical to the therapeutic process and offers an added value. Role enactment simulates reality and involves sensorimotor, affective, and cognitive processes that are similar to those activated in real-life situations. From an ERM perspective, that is an invaluable asset.

Enactment by itself is not sufficient to produce the desired therapeutic effects. The portrayal of realistic roles has a therapeutic value primarily limited to the acquisition of skills. It does not properly address intrapsychic issues, irrational beliefs, fears, fantasies, and conflicts based on earlier acquired misperceptions and misrepresentations. Such issues can be accessed only by a procedure that allows breaking the boundaries of time, space, and reality. At that point, the concept of surplus reality becomes an indispensable component of the ERM. Without it, therapy based on role enactment is limit-

ed in scope to behavior rehearsal techniques (Kipper, 1986). Consequently, surplus reality is one of the most important concepts in the ERM.

The ERM places great emphasis on keeping the enactment within the boundaries of the action space. The reason for that is that in its adoption of the surplus-reality concept, the ERM takes great liberties in temporarily dissolving the inner boundaries of time, space, and reality. Paradoxically, the breaking of those boundaries precipitates a key curative factor. At the same time, however, the freedom accrued from the boundaryless environment offered through the ERM is strictly limited to the therapeutic environment. It cannot, and must not, be transferred to or generalized into real-life situations in which acting on the premise of the absence of such boundaries is considered dysfunctional or represents pathology. The ERM adopts a dual position. On the one hand, it offers a great laxity and flexibility in abolishing boundaries inside the action space. On the other, it promotes strong discipline, in excluding surplus reality–based activities outside the action space.

De-roling is a way of reinstituting postenactment boundaries for the auxiliaries. It does not apply, however, to the protagonist, who holds on to his or her role of himself or herself during the session and is not supposed to abandon it. In principle, the requirement to confine the enactment to the action space affords the protagonist the same psychological effects as de-roling provides to the auxiliaries.

REFERENCES

Agazarian, Y. M. (1997). *System-centered therapy for groups.* New York: Guilford.

Agazarian, Y., & Peters, R. (1981). *The visible and invisible group.* London: Karnack Books.

Bemak, F., & Young, M. E. (1998). Role of catharsis in group psychotherapy. *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing, 50,* 166–184.

Crouch, E. C., Bloch, S., & Wanlass, J. (1994). Therapeutic factors: Interpersonal and interpersonal mechanisms. In A. Fuhriman & G. M. Burlingame (Eds.), *Handbook of group psychotherapy: Empirical and clinical synthesis* (pp. 269–315). New York: Wiley & Sons.

Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety.* San Francisco: Jossey-Bass.

Csikszentmihalyi, M. (1978). Attention and the holistic approach to behavior. In K. S. Pope & J. L. Singer (Eds.), *The stream of consciousness* (pp. 335–358). New York: Plenum.

Csikszentmihalyi, M. (1985). Emergent motivation and the evolution of the self. In D. Klieber & M. H. Marhr (Eds.), *Motivation in adulthood* (pp. 93–113). Greenwich CT: JAI Press.

Csikszentmihalyi, M., & Csikszentmihalyi, I. S. (1988). *Optimal experience: Psychological studies of flow in consciousness.* New York: Cambridge University Press.

Emunah, R. (1997). Drama therapy and psychodrama: An integrated model. *International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing, 50,* 108–134.

Foulkes, S. H. (1964). *Therapeutic group analysis.* New York: International University Press.
Foulkes, S. H., & Anthony, E. J. (1957). *Group psychotherapy: The psychoanalytic approach.* London: Penguin Books.
Kellermann, P. F., & Hudgins, M. K. (Eds.). (2000). *Psychodrama with trauma survivors.* London: Jessica Kingsley.
Kipper, D. A. (1986). *Psychotherapy through clinical role playing.* New York: Brunner/Mazel.
Kipper, D. A. (2001). *The theory and practice of psychodrama* (Bulgarian ed.). Sofia: Daiman Yakov.
MacKenzie, K. R. (1990). *Introduction to time-limited group psychotherapy.* Washington, DC: American Psychiatric Press.
Moreno, J. L. (1953). *Who shall survive? Foundation of sociometry, group psychotherapy and sociodrama.* Beacon, NY. Beacon House.
Moreno, J. L. (1964). *Psychodrama Vol. I.* (3rd ed.) Beacon, NY: Beacon House.
Moreno, J. L. (1965). Therapeutic vehicles and the concept of surplus reality. *Group Psychotherapy, 18,* 211–216.
Moreno, J. L. (1966). Psychiatry of the twentieth century: Function of the universalia: Time, space, reality and cosmos. *Group Psychotherapy, 19,* 146–158.
Moreno, Z. T., Blomkvist, L. D., & Rützel, T. (2000). *Psychodrama, surplus reality and the art of healing.* London, UK: Routledge.
Nichols, M. P., & Efran, J. S. (1985). Catharsis in psychotherapy: A new perspective. *Psychotherapy: Theory, Research, and Practice, 22,* 46–58.
Perls, F., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy.* New York: Delta.
Rice, A. K. (1969). Individual, group, and intragroup processes. *Human Relations, 22,* 565–584.
Rutan, J. S., & Stone, W. (1993). *Psychodynamic group psychotherapy* (2nd ed.). New York: Guilford.
Whitaker, D. S., & Lieberman, M. A, (1964). *Psychotherapy through the group process.* New York: Atherton.
Wolf, A., & Schwartz, E. K. (1962). *Psychoanalysis in groups.* New York: Grune.
Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

DAVID A. KIPPER is research professor of psychology in the School of Psychology at Roosevelt University in Chicago, Illinois. His e-mail address is <kipperda@aol.com>.

Book Reviews

Foundations of Psychodrama: History, Theory, and Practice, Fourth Edition, by Adam Blatner, MD. ISBN 0-8261-6041-7. 2000. New York: Springer.

Adam Blatner's new edition of *Foundations of Psychodrama* is certainly a classic. Psychodramatic literature is rife with technique-oriented, how-to-do-it manuals, which have their place, but we have little beyond Moreno's works themselves for the why-to-do-it. Blatner, wisely, does not trust "Trust the method." Techniques used without a clear understanding of their rationale can be more harmful than helpful. Directors who go by the book are confused when the unforeseen arises, or they fail when patients sense that the therapist is operating by rote. Blatner enumerates Yalom's eleven healing factors in group therapy and convincingly shows how psychodrama can contribute to them all. No director needs to be at loose ends with so many useful goals at hand. Though Blatner's explanations have their roots in philosophy, they are simple, logical, and utterly clear. He never uses a big word when a small one will do, and when a small one will not do, he defines the big word. He is not stingy with examples when they help, but neither does he fill pages with verbatim quotes from sessions. He may offer a dozen dissimilar examples in as many lines. There is no filler; each sentence is straight to the point so the book has lots to say in its 245 pages. Although the orientation is purely Morenian, a major difference exists between Moreno and Blatner. Blatner is easy to understand. He understands Moreno and explains his theories in plain English. Often I thought, "Of course. I see now what Moreno meant." With one notable exception, Blatner has only good to say about others' ideas and mercifully ignores the rest. He picks the gold coin out of the rubbish with a gentle thanks. That was not Moreno's style.

Despite Blatner's psychodramatic orthodoxy, he was ready to acknowledge what he called Moreno's "personal weaknesses." This he has done tactfully and not at all in the spirit of those who delight in demeaning famous people. Rather, he seemed out to distinguish the man's precious and copious contributions by dissociating them from certain personal traits that alienated many.

Blatner calls a spade a spade and a narcissist a narcissist. Once this point has been established, Moreno's ideas shine all the brighter.

The exception to Blatner's tendency to find only the good in others' ideas is his stance toward psychoanalysis. Whereas he criticized Moreno's exaggerated critique of the whole field, he himself emphasizes only what he sees as psychoanalytic limitations. Blatner criticizes, for example, the analytic premise that dysfunctional patterns develop in childhood and instead emphasizes the field of psychological forces acting in the here and now. Surely this is only a semantic quibble. Any analyst would readily agree that, although patterns developed in childhood persist in the present, they contend with the countervailing ego factors from current reality. Still, Blatner cannot resist using a host of analytic concepts throughout and favorably cites the work of Winnicott, Bion, Kohut, the ego psychologists, and object relations analysts. Nevertheless, he missed the opportunity to bridge the gap that could help bring psychodrama into the mainstream of psychodynamically oriented therapies. And there certainly is strong ground for the reconciliation between these fields.

Blatner is passionately committed to a "post-modern" philosophy. As he explains, premodern philosophy, typified by the theologically dogmatic, constricted intellectual life of medieval times was later superseded by "modern" thought typified by the values of the enlightenment, rationalism, materialism, and positivism. The current reaction against this latter world view is a "post-modern" philosophy to which he subscribes, which emphasizes the substantiality of a nonmaterial world. Here psychoanalysis and Blatner's postmodernism are in the same camp, opposed by behaviorism and pharmacological psychiatry. They both honor the reality of conscious and unconscious subjective life.

Like Moreno, Blatner has an *idée fixe* of his own. He is infatuated with imagination/play/joy. Once he has established that the subjective realm is as real as is the objective world, he takes the dangerous step of attributing objective reality to what is properly subjective. When we say that a person thinks a thought, certainly the thought truly exists, but it is another thing entirely to say that the thought is therefore true. We look inside to see what is inside, but to discover what is outside, surely we must look beyond ourselves. The appeal of a philosophy that promises objective truth by revelation opens the way for wishful, magical thoughts and the breakdown of the separation of religion and science. On this point, Blatner's usual lucidity seems obscured by his *idée fixe.*

Moreno's famous wish to be remembered as the man who brought laughter into psychiatry and Blatner's *idée fixe* tilt them toward the positive emotions. If Blatner can bring joy into our workaholic, anhedonic culture, bravo. Many are those who, while not suffering a mental illness, can still benefit from a greater capacity for enjoyment. Even those suffering from real depression

have been shown to derive real benefit from watching a good comedian. The limit to this approach, of course, is the danger of covering up, rather than facing and understanding, psychogenic unhappiness and its causes.

Blatner gives us a very important restatement on the issue of catharsis. Because psychodrama is uniquely suited to facilitate cathartic release, there is a tendency to consider that as its primary objective. In the very early days of psychoanalysis, catharsis was thought to be the essence of the therapeutic action. Very soon, however, that factor was demoted to a much lower rank so psychodrama then came to be seen as still attached to a primitive and long-outdated objective. Here Blatner comes to the rescue. He reminds us that, while Moreno gave catharsis very high priority in treatment, he also distinguished between different kinds of catharsis, only one of which, the "catharsis of abreaction," is what can generally be considered catharsis at all. Most important is what Moreno called the "catharsis of integration," a process closer to what psychoanalysts would call "working through." Insights glimpsed at a supreme cathartic moment tend to be resorbed and very soon fall prey to re-repression. The bulk of analytic effort, then, is devoted to examining in detail the manifold implications and ramifications of these insights in the analysand's ongoing life. That is exactly the same goal as Moreno and Blatner's "catharsis of integration" except, of course, that the means are psychodramatic.

Blatner includes an introductory description of sociological role theory, explains how Moreno expanded it, and then gives it his own personal twist. He also includes two excellent chapters on practical sociometry. The whole explanation is, as usual, clear and eminently useful. I was especially pleased to see that Blatner appreciates the hazards of sociometry and counsels great perspicacity in the use of its data. I had seen residential psychodrama groups where sociograms were posted on bulletin boards, leaving the rejected individuals devastated. Blatner convinced me that, precisely because sociometry is so potent, its powers can also be judiciously tapped for therapeutic purposes. He makes clear that the telic bonds of a group's sociometry are always a matter of the highest significance to be kept in the forefront of the director's mind.

After presenting all of the above, Blatner then devotes a chapter to succinct synopses of 72 psychodrama techniques that he had not mentioned earlier. He also includes a 14-page international bibliography.

To go from the sublime to the obsessive, I note that the book has many references mentioned in the text that do not always appear in the list of references at the end of the chapters, and the listed references often appear nowhere in the body of the work. Nonetheless, this book is unequalled by any psychodrama text I know of. Certainly all trainers will assign it to their students. My concern is that it might become so much of a psychodramatist's bible that students will swallow Blatner's mysticism and religiosity along with

their training. But apart from this point of departure, I feel greatly relieved that someone has finally written a book to serve as an anchor to anyone who wants a clear statement of what psychodrama is about.

JAMES M. SACKS
Randolph, New Jersey

Psychodrama: Creative Therapies in Practice, by Paul Wilkins. London: Sage, 1999.

This book is one of a series on creative therapies in practice, of which Paul Wilkins is the series editor. The author intends the book to be "a comprehensive overview of theory and practice," drawing "on case material to demonstrate methods and techniques."

A glance at the titles and content of the nine chapters (excepting the first and last chapters) leaves the impression that this is one more introductory book on how to conduct a psychodrama, but that is not the case. Chapter titles, such as "Setting the Stage" and "Warming Up," operate on a meta-level and are figures of speech, rather than literal labels of content. Wilkins explains all of that in his preface, and in chapter one he writes about the birth of psychodrama, its locus, matrix, and *status nascenti*, including key concepts. Throughout the book, key terms are in boldfaced type, and examples and illustrations are in italics, which makes them easy to identify.

Chapter two is about instruments, techniques, and essential elements. Chapter three is about starting a practice, training, and working with clients. Chapter four is about running beginning group sessions. Chapter five is about encounter, warming up, selecting a protagonist, choosing a director, moving into action, and using auxiliaries and doubles. (To my way of thinking, a double *is* an auxiliary.) Chapter six is about directing a drama, including the use of doubles and role reversals. Chapter seven is about the role of the audience, achieving closure, and sharing. Chapter eight is about the infrastructure of the worldwide psychodrama community. Wilkins includes information about processing, which is used in training groups but not therapy groups. He offers information about joining a group, working as psychodramatist, and finding out more about the method or the people who use the method. He provides useful Web site addresses.

The final chapter contains a critical—not to be confused with negative—view of psychodrama as a therapeutic modality, an explanation of the resistance to J. L. Moreno by the behavioral science community, and criticisms of psychodrama as a method. The author's tone in the book seems even handed,

viewing Moreno neither as a deity nor as a mad man, with his flaws identified as readily as his brilliance. The whole book is compact, only 145 pages long, including glossary, index, references, and recommended readings. At first glance, the book seems to be a beginner's book, one for someone with a newly discovered interest in psychodrama; however, it is not that. The book is more about how to take on the role of a professional psychodramatist. For the next printing, I suggest that the author move the section on where to find a psychodramatist, which seems out of place in chapter two, to chapter five, where it more logically belongs.

Wilkins's work can be seen as a third-generation psychodrama book and, as such, has greatly benefited from the earlier generations. He has had the advantage of drawing on the works of Blatner, Fox, Hare, Karp, Kellerman, Marineau, Sacks, and Williams, among others. I greatly appreciated that instead of copying Blatner on techniques, he simply referenced him. I recommend that all psychodramatists in training read the section (pp. 130–132) on the criticisms of the method identified by Blatner in 1968 and the 1996 rejoinders to those criticisms by Hare and Hare, because those are questions that those students will eventually have to respond to themselves—and they will appreciate that someone has already done some of their work for them.

ALTON BARBOUR
University of Denver

The International Journal of
Action Methods
Psychodrama, Skill Training, and Role Playing

ANNUAL INDEX
Volume 53
Spring 2000 Through Winter 2001

ARTICLES

BOOK REVIEWS

Psychodrama: Creative Therapies in Practce, by Paul Wilkins. Reviewed by Alton Barbour. nos. 3–4, pp. 156–157.

Psychodrama, Surplus Reality, and the Art of Healing, by Zerka T. Moreno, Leif Dag Blomkvist, and Thomas Rutzel. Reviewed by Paul Holmes. no. 2, pp. 94–95.

Theatre for Community, Conflict, and Dialogue—The Hope Is Vital Training Manual, by Michael Rohd. Reviewed by Jo Salas. no. 2, pp. 95–96.

The International Journal of Action Methods

Psychodrama, Skill Training, and Role Playing

INFORMATION FOR AUTHORS

The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing contains manuscripts on the theory and application of action methods in the fields of psychotherapy, counseling, social and personal skill development, education, management, and organizational development. The journal welcomes manuscripts bridging research and practice appropriate to educational and clinical simulations, behavior rehearsal, skill training, and role playing within group settings. The focus is on action interventions, psychodrama, and sociometry. The journal publishes theme issues, main articles, and brief reports on small research studies, case studies, and empirically tested new action techniques.

Manuscripts should be submitted to the Managing Editor, *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing,* Heldref Publications, 1319 Eighteenth Street, NW, Washington, DC 20036-1802.

All manuscripts should be prepared in conformity with the style and format described in the *Publication Manual of the American Psychological Association,* 5th edition (2001). Manuscripts must include an abstract of no more than 120 words, be double-spaced throughout, and ordinarily not exceed 25 pages. Special attention should be directed to *references.* Only articles and books cited in the text of the manuscript are to be listed in the references. Authors should avoid using abbreviations, symbols, and footnotes. It is the responsibility of the author to ascertain that the activities described in the manuscripts are consistent with the generally accepted standards of ethical practice. Manuscripts that do not conform to the *Publication Manual*'s standard (margin, sexist language, references, format, etc.) will be returned unreviewed to authors.

Authors should submit 4 copies of the manuscript to expedite the reviewing process. Each copy must include all tables and reproductions of all figures, graphs, and charts. Manuscripts are accepted for review with the understanding that the same work has not been and will not be published—nor is presently submitted—elsewhere, and that all persons listed as authors have given their approval for the submission of the paper. It is also understood that any person cited as a source of personal communication has approved such citation. Articles and any other material published in *The International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing* represent the opinion of the author(s) and should not be construed to reflect the opinion of the editors or the publisher.

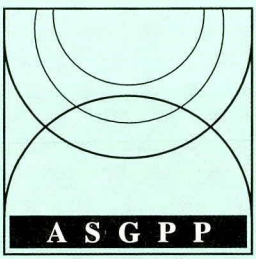
Authors submitting a manuscript do so with the understanding that if accepted for publication, copyright for the article, including the right to reproduce the article in all forms and media, shall be assigned exclusively to the publisher. The publisher shall not refuse any reasonable request by the author for permission to reproduce his or her contribution to the journal.

Accepted article must be submitted electronically as a double-spaced Word files with minimal formatting in Times or Times New Roman. Authors should not use word- processing styles, forced section or page breaks, or automatic footnotes. Tables must be e-mailed in one separate file and figures in another separate file. A hard-copy version of text tables, and figures will be needed as backup.

Accepted manuscripts may be edited for style and readability. Each author receives two complimentary copies of the issue in which the article is published.

For further information, please call (202) 296-6267, ext. 213, or fax: (202) 296-5149, e-mail: ijam@heldref.org

The American Society of Group Psychotherapy & Psychodrama



FOUNDED IN 1942

For more information, call or write:

ASGPP
301 N. Harrison, #508
Princeton, NJ 08540
(609) 452-1339
Fax: (609) 936-1659
E-mail: asgpp@ASGPP.org
Website: www.ASGPP.org

The American Society of Group Psychotherapy & Psychodrama is dedicated to the development of the fields of group psychotherapy, psychodrama, sociodrama, and sociometry, their spread and fruitful application.

Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry, and allied methods; to increase knowledge about them; and to aid and support the exploration of new areas of endeavor in research, practice, teaching, and training.

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, 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 International Journal of Action Methods: Psychodrama, Skill Training, and Role Playing,* founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.