JOURNAL OF GROUP PSYCHOTHERAPY PSYCHODRAMA AND SOCIOMETRY

VOLUME 36, NO. 2
SUMMER, 1983

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

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

Volume 36, No. 2 ISSN 0731-1273 Summer 1983

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ERRATA

George G. Biglin is the author of the article, **The Use of Psychodramatic and Sociometric Techniques in the In-Service Training of Residential Treatment Child Care Staff,** printed on page 13 in the Spring issue of Volume 36. Unfortunately, Mr. Biglin's name was spelled incorrectly.

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The Journal of Group Psychotherapy, Psychodrama and Sociometry is indexed in Current Contents, Social Behavioral Sciences, and **Social Sciences Citation Index.**

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An Exploration of the Origin of Role Formation via Psychodrama and Personal Construct Theories

Warren C. Bonney
Kathleen Hedge Scott

This article emphasizes the importance of understanding infantile role formation as a foundation for later role structure and its influence on adult behavior during periods of stress. Moreno's psychodramatic theory and Kelly's personal construct theory, as well as brief reference to reinforcement concepts, are employed in an effort to achieve a fuller explanation of this process. The reciprocation of the theories is attested at several points of comparison.

Biddle and Thomas (1966) stated, "The role field exhibits much speculation, and there are certainly hypotheses and theories about particular aspects of the subject, but there is no one grand 'theory' " (p. 14). These authors credit Moreno, Mead, and Linton as the most influential early contributors to role theorizing (p. 18). The above quotation appears to be essentially true today. Despite the incompleteness of role theorizing, it still affords a unique and significant perspective on human behavior and has become an integral part of most theories of social interaction and group methods. The contributions of Jacob L. Moreno remain very much in evidence, especially through the use of role playing as part of treatment or training in groups. The widespread recognition of psychodrama as a therapeutic modality has led many people to regard it as a technique rather than a theoretical position. However, experienced practitioners in this discipline are quite aware of the theoretical constructs subsumed in psychodramatic methods, particularly in relation to the origins of role formation. Some efforts have been made to draw parallels between Moreno's role hypotheses and other theoretical speculations with the intent of producing a more formal theoretical base applicable to psychodrama and other small group procedures (Kelly, 1982; Shearon, 1981). We shall investigate

George A. Kelly's theory of personal constructs (1955) in a similar manner. We contend that Kelly's theory provides a directly comparable role paradigm and a more adaptable research base.

Psychosomatic Roles and Preverbal Constructs

Moreno's theoretical principles of psychodrama and George Kelly's theory of personal constructs appear to include several strikingly similar conceptualizations. The terminology employed by each is quite different, as is the syntax, but the basic meaning is, at times, almost identical. They even start with different premises but arrive at similar conclusions. This is not a unique occurrence in the field of personality theorizing. Many efforts have been made to translate the concepts of one theory into the language of another, resulting in little advancement of either. The union of concepts from differing theories holds more promise, providing the subsequent hybrid does not contain seriously conflicting elements—which is not an uncommon result.

We are not proposing that either of these theories should be appreciably altered by the other or that a union be attempted. We are suggesting that an understanding and employment of each could be enhanced by a delineation of their similarities and differences. The insights from one might enhance the other in differing arenas, such as therapeutic practice and empirical research. A dialectic between the two positions also has the potential to broach differing perspectives on the origins of the self.

The dimension of juncture between the two theories which we shall explore is the multifaceted concept of roles, with particular emphasis on their origins and early development. In both theoretical systems, it is at the point of role enactment or the contemplation thereof that conditions of tension, or what others may call conflict or anxiety, are generated. The conflict or tension may have been dormant prior to contemplated action, but only then does it become sufficiently acute to create a noticeable disturbance in the psychic system. It is for this reason that both theorists maintain that role behavior is the most obvious and fertile entree into the psychodynamics of the individual. This is also a point at which the two theorists differ significantly. Moreno's role theory is based on the tension reduction of *affective states*, while Kelly's theory is based on the resolution of conflict or dissonance (tension reduction) of *cognitive states*. In Kelly's theory, the *cognitive* condition produces the *affective* state. Which comes first, affective or cognitive, may be of academic interest only and perhaps holds little significance for the practitioner. In a therapeutic encounter, the two states appear to flow together with the time differential being almost imperceptible.

In Moreno's system, role behavior is first evidenced by psychosomatic roles during infancy. The *soma* is represented in the infant by physical zones (mouth, anus) as loci of interaction with the environment.

> Every zone is the focal point of a physical starter in the process of warming up to a spontaneous actuality state—such state or states being components in the shaping of a "role." . . . In addition to being a zone, related to a given organism, it becomes the *locus nascendi* of starters warming up towards objects and persons. It becomes the focal point of the spontaneous act itself. (Moreno, 1972, p. 57)

In this view, the mother becomes the first auxiliary ego for the infant, and from this interaction the psychosomatic roles are formed.

> This co-action, co-experience, co-being in the primary phase . . . are characteristics of the *matrix of identity*, the first emotional learning process of the infant. The matrix of identity is the infant's social placenta, the locus in which he roots. The world around it is called the first universe. (Moreno, 1972, pp. 61–64)

The first psychosomatic role is identified as the "role of the eater." Later roles are built around, or at least strongly influenced by, these primary roles. Primary roles are established before verbal symbols can be attached to them and before past experiences can be employed as evaluative frames of reference. As a consequence of these two factors, the manipulation and, therefore, the alteration of the roles are extremely difficult.

Several important points must be made in order to clarify Kelly's definition of *role*. In this discussion, when reference is made to a construct, one should assume an implied potential role since role is an overt reflection or an activation of some aspect of the individual's personal construct system. Several pertinent statements from Kelly are presented here which should serve as an adequate definition of role.

> In terms of the theory of personal constructs, a role is a psychological process based upon the role player's construction of aspects of the construction systems of those with whom he attempts to join in a social enterprise. In less precise but more familiar language, a role is an ongoing pattern of behavior that follows from a person's understanding of how the others who are associated with him in his task think. . . . It is a pattern of behavior emerging from the person's own construction system rather than primarily out of his social circumstances. He plays out his part in the light of his understanding of the attitudes of his associates, even though his understanding may be minimal, fragmentary, or misguided. . . . Seeing oneself as playing a role is not equivalent to identifying oneself as a static entity; but rather, as throughout the theory of personal constructs, the role refers to a process—an ongoing activity. It is that activity carried out in relation to, and with a measure of understanding of, other people that constitutes the role one plays. . . . While the concept of role is appropriate to a psychological system which is concerned with individual persons, it is defined herein so that it is dependent upon

> cognate developments within a group of two or more people. It is not enough that the role player organize his behavior with an eye on what other people are thinking; he must be a participant, either in concert or in opposition, within a group movement. (Kelly, 1955, pp. 97–98)

The counterpart to psychosomatic roles in Kelly's theory is labeled preverbal constructs. "A preverbal construct is one that continues to be used even though it has no consistent word symbol" (Kelly, 1955, p. 459). When words or other readily manipulable symbols can be used to represent elements of a construct, its utilization and modifiability are greatly improved. When words cannot be used to represent a construct, other types of symbols (e.g., gestures, body movements, nonlanguage sounds) may be substituted, but they are typically looser and relatively imprecise. They are therefore more difficult to communicate and to manipulate intellectually. It is not uncommon for clients in therapy to state that they have feelings which they find impossible to describe, and they often feel intensely frustrated with their attempts to do so. These feelings are assumed to emanate from preverbal constructs which may be "acted out" through poorly understood and often inappropriate role behavior. The behavior typically defies interpretation and alteration through verbal interchange only.

To paraphrase Kelly, a preverbal construct was originally designed to construe those elements of which an infant could be aware. These constructs are usually tied to the dependency of infancy and relate to specific people. In transference, childlike dependency may be expressed toward the therapist. Also, a person may use preverbal constructs as a last line of defense in order to maintain his or her integrity and unique identity in the face of severe difficulties. An example might be an adult exhibiting a temper tantrum.

Preverbal constructs may be highly permeable so that elements of adult life are added to them, making them very difficult to sort out and identify. As an example, Kelly describes a precocious child whose speech has been delayed as "understanding too many things before he had public words to contain them" (Kelly, 1955, p. 464). A similar condition might also develop when a child is prematurely confronted with expectations which he or she cannot manage, such as forced premature toilet training.

There are several interesting points of comparison between the concepts of psychosomatic roles and preverbal constructions. A preverbal construct provides a cognitive anticipation of an event and may be interpreted as similar to Moreno's description of warming up to a role through the employment of mental starters. There is no specific mention in Kelly's theory of physical starters like the somatic zones of Moreno's theory. The activation effect of somatic zones could be inferred from Kelly's discussion, but it is not clearly stated. However, the matrix of identity with the mother

as auxiliary ego does have a counterpart in Kelly's concept of role formation during the preverbal period of development. Kelly's contention that a role can develop only through interaction with a significant other person or object, while considerably less dramatic and colorful, elucidates essentially the same dynamic. In Moreno's role paradigm, there does not appear to be a cognitive activity in relation to role comparable to Kelly's conceptualization of construct.

Later Effects

The manner in which roles or constructs formed in infancy continue to influence behavior in later life presents some difficult problems of rationality in both Moreno's and Kelly's theories. The explanations given in either case are vague and the terms loosely defined. Moreno discusses the emergence of psychosomatic roles in later life and Kelly speaks of the expression of preverbal constructs (role enactment) as a most significant and often overlooked or misinterpreted factor in psychotherapy (Kelly, 1955, p. 464). Both theories definitely contend that the role formations during infancy continue to influence behavior throughout the life span. Yet Moreno states that the infant has no memory and lives only in "immediate time" (Moreno, 1972, p. 67). It is logically difficult to imagine how anything can be recalled from a state of mind devoid of memory. It is almost as difficult to imagine how a mental construct that can be remembered was formed without symbols and minimal or no point of evaluative reference.

The situation calls for the intrusion of conceptual constructions from other theoretical systems in order to render either Kelly's or Moreno's theoretical speculations rationally complete. The dilemma may be resolved through the application of the principles of conditioning. In this paradigm, the stimulus-response act (SR) can only occur when the stimulus (UCS) is present, or in the presence of a conditioned stimulus (CS). Even the anticipation of the response can occur only in the presence of some significant cue. When the stimulus is presented (mother's nipple), the role of the eater is activated, as well as all other events that have developed constituting the matrix of identity. The parallel in Kelly's system, the preverbal construct, and its subsequent role are similarly instituted. When an infantile dependency is expressed by the client toward the therapist during transference, the therapist must then represent a conditioned stimulus (the one from whom nourishment is anticipated). One would have to assume that the therapist has behaved in a manner that would trigger this type of preverbal mechanism. In psychoanalytic transference, the need state of dependency is deliberately encouraged. There is considerable support to believe that dependency needs are always present as a submerged pole of an independence-dependence construct. Under conditions of stress and identi-

ty confusion, which often occur during psychotherapy, infantile needs could be expected to surface. If the therapist's behavior represents to the client the appropriate stimulus, then the preverbal role might well be enacted. Similar situations certainly occur outside of psychotherapy as well.

We are not suggesting that the conditioned response explanation should be applicable throughout. Such an effort would be destructive of the richness and illustrative power of psychodramatic theory as well as the choice corollary and the rational appeal of personal construct theory. It is primarily useful as an explanation for infantile roles and their effects on later role developments. The conditioned response explanation is also supportive of the treatment modality advised by both Moreno and Kelly when the presence of preverbal role behavior is suspected. As Kelly states, "Role playing and other nonintellectual approaches *must* be utilized in dealing with preverbal constructs" (Kelly, 1955, p. 464).

Beyond the psychosomatic or preverbal stage, roles proliferate rapidly through the capacity of the child to symbolize. When rudimentary language is acquired along with commonly recognized gestures (e.g., pointing), roles may then be symbolically represented and much more freely explored. During early childhood, reality and fantasy are only loosely differentiated.

> Out of the breach between fantasy and reality two new sets of roles emerge. . . . Forms of role playing are now emerging which correlate the infant to persons, things and goals in an actual setting outside of himself, and the persons, objects and goals which he *imagines* are outside of him. They are called respectively *social roles* . . . and *psychodramatic roles* . . . the domain of the psychodramatic roles being far more extensive and dominating than the domain of social roles. After the breach between fantasy and reality is established, the division between psychodramatic and social roles, which have been up to that point merged, begins gradually to become differentiated. (Moreno, 1972, pp. 73, 77)

In Kelly's theory, something akin to Moreno's psychodramatic roles is the concept of *core constructs*. "Core constructs are those which govern a person's maintenance processes—that is, those by which he maintains his identity and existence" (Kelly, 1955, p. 482). An integral part of the core construct is the *core role*. "One's deepest understanding of being maintained as a social being is his concept of core role. . . . Dislodgement from his core role structure constitutes the experience of guilt" (Kelly, 1955, p. 502). The core constructs are developed out of preverbal and early childhood role experiences after symbols have been acquired. They are considered to be superordinate, or comprehensive, embracing a wide variety of events. The influence on social, or subordinate, roles is very profound but often subtle. The influence may not be recognizable unless the core construct is threatened with disruption. The presence of "free-floating" anxi-

ety may well be evidence of this level of threat, an attempt to shut out any and all unfamiliar stimuli.

The importance of the capacity for a wide range of social roles is emphasized by both theorists. In Kelly's terms, the social roles enacted are those which are enhancing to its core constructs or not in contradiction. The broader the role repertory, the greater will be the degree of choice of social roles which will be consistent with the core, providing the core remains, to some extent, permeable. In Moreno's terms,

> The role range of an individual stands for the inflection of a given culture into the personalities belonging to it. The problem is not that of abandoning the fantasy world in favor of the reality world or vice versa—but of establishing means by which the individual can gain full mastery over the situation, living in both tracks, but being able to shift from one to the other—this is spontaneity. (Moreno, 1972, p. 72)

Discussion

We have attempted to establish the importance of understanding early role formation and its persistent influence on adaptive behaviors into adult life. To restate what seems clear from both theories: When a social role is accepted which is inconsistent with the core, a state of dissonance and discomfort is produced; when the structure of the core (personality identity) is severely threatened, a state of acute anxiety or depression ensues. The more primitive role formations become submerged through verbal, intellectualized overlays, in addition to and interactive with the camouflage effect of culturally derived social roles. Traditional verbal psychotherapy is not well designed to cope with dynamics for which there are only very amorphous or imprecise symbolic representations. When this condition exists, the therapist's efforts often result in blind alleys based on erroneous diagnostic assumptions. The therapeutic use of psychodrama has a greater potential for uncovering the substrata of role relationship formation. Kelly's Role Repertory Test and variations of it offer a diagnostic approach which identifies basic role relationships and the constructs associated with them (Kasper, 1962; Watson, 1970). This approach also provides a cognitive and researchable dimension of psychodrama. To recognize these two systems—traditional verbal psychotherapy and therapeutic psychodrama—as complementary is to envision the possibilities for their mutual enhancement.

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Date of acceptance: February 18, 1983

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The Silent Language: Basic Principles of Movement/Dance Therapy for the Non-Movement Therapist*

Nadia Creamer

A brief lecture introduced participants to some basic assumptions relative to nonverbal communication. A summary of various systems of movement analysis was presented, and suggestions were made for applications to clinical work by practitioners in other fields. An experiential session gave participants the opportunity to practice movement observation skills; to take part in a mini-movement therapy session; and to explore the role of mixed messages (verbal/nonverbal) in many client/therapist interactions. Ways of integrating verbal and nonverbal messages were explored through a psychodrama/movement therapy medium.

This workshop was geared towards clinicians who wished to explore the nonverbal communicative aspects of their daily interactions with patients; focus was on the short term psychotic population. The didactic/experiential format was designed for and attended by therapists who had limited experience with dance/movement therapy. Participants included an art therapist, a psychiatrist, social workers and activity therapists.

The experiential session was preceded by an introduction to some basic assumptions governing the practice of dance/movement therapy: that the body is a map and a history of an individual life; that we always respond on a body level, so movement both reflects and affects how we feel and is in-

*Report on an experiential/didactic workshop presented at the 1982 Annual Meeting and Training Institute of the American Society of Group Psychotherapy & Psychodrama.

separable from every experience and interaction; that, to some degree, movement can be observed and analyzed into component parts; that increased awareness of the movement aspect of experience is a desirable goal for all therapists. Connections were made between theoretical models (e.g., psychoanalytic theory) and the observer's tendency to project personal material into his/her movement observations. A therapeutic goal would be to avoid this tendency as much as possible—or at least to become more aware of it.

Movement Observation

After a brief introduction to basic principles and components of various systems of movement analysis, participants were offered an opportunity to practice movement observation skills on one another, and to begin to appreciate the difficulty of distinguishing objective observation from subjective judgments based on transferential material and cultural conditioning. Distinctions were made between making judgmental responses—i.e., responses stemming from personal associations and habitual defense patterns on the part of the observer—and tuning into valid intuitive insights and responses. Some techniques for improving intuitive observation skills were suggested (e.g., silent role reversal with the movement language of another, then adding words suggested by the movement).

Movement Sessions

A warm up movement session in which individual walking styles were explored and used as the means to attempt to influence others nonverbally was followed by a mini-movement therapy session in which group movement spontaneously evolved into a fluid circle, with individuals alternately touching and spreading out to explore personal space. Processing of this section revealed that some deep emotions had been triggered by the simple walking exercise. For instance, a male participant walking with an older female in a pattern which evolved into synchronous movement was reminded of walking with his elderly mother, from whom he had been separated for some time. He began to feel as if he was losing the strength in his legs, but was able to regain a sense of connectedness by further walking with the group leader, during which he was encouraged to feel his weight into the ground. Participants noted that all had used the mini-movement session to some extent to process material brought up by the previous walking exercise, and connections were drawn between this phenomenon and the fact that institutionalized clients can be expected to bring material into the therapy session which in part derives from interactions on the ward immediately preceding the session.

Application through Enactment

After this brief theoretical and experiential introduction to movement observation, communication, and therapy, participants were asked to contribute examples of difficult interactions with clients. These encounters were to be enacted—first verbally, then nonverbally, then verbally again but replacing the original words of the interactions with words suggested by the movement.

A young male activity therapist volunteered his difficulties with an overtly sexual young female patient who enjoyed manipulating him through her teasing and inappropriate physical closeness and touching. After introducing the group to the character by reversing roles with her and enacting her movement style, the therapist expressed some new insights into understanding her dynamics, and "what she was really saying." "I want you to like me but the only way I know to get your attention is to use my sexuality and then you'll get so uncomfortable that there's no danger of really getting close to you." With a young female participant playing the patient's role, a typical scene was enacted in which the therapist literally was cornered in his office by the client. By deleting the original words, re-enacting the scene silently through movement alone, choosing specific movements to personify and give voice to the participants (the entire group taking part in this), and re-enacting the scene with the new dialogue thus suggested, the therapist realized that he had been giving a mixed message. That is, he was stating verbally, "Of course you don't make me uncomfortable . . . of course I want to talk to you . . . of course you are always welcome here." But the nonverbal message was: "I have to protect myself from you . . . I'll push this desk between us . . . I'll turn my lower body away from you . . . I'll shut my upper body off by using my crossed arms as a barrier."

In reworking the scene to arrive at possible alternatives to the above version, the young activity therapist and others came up with the possible solution of making the words fit the actual message, which was so clear in the movement alone. That is, he could, for instance, state: "Yes, you do make me uncomfortable when you sit so close to me." Or: "I do like you, but that kind of closeness is inappropriate to this situation." Or: "If you want to speak to me, I'd appreciate your taking my feelings into account and staying a little further from me; you are attractive, and I care for you too much to let this situation be complicated by that," etc. The female playing his client stated that any of these responses made her feel cared for; and, equally important, less "crazy"—comforted by a believable verbal message rather than confused by one so split off from what she was experiencing.

In the discussion which followed, clear parallels emerged between this scene and members' own experiences of discomfort in situations which they

typically found confusing—situations, they now realized, in which they were either giving and/or receiving such mixed movement-verbal messages. The protagonist stated that he had gained a valuable new insight into his own fears of the sexual component of interactions, and some awareness of alternative verbal responses which would be more in keeping with his feelings while still appropriate to the situation, and which would thus help him and his clients feel more comfortable in similar interactions. It was generally agreed that the area of mixed verbal/body language messages was a crucial one to explore and one which might fruitfully be approached through a combination of psychodrama and movement therapy techniques.

A suggested reading list (with brief annotations) and an outline of "Some Elements of Movement Analysis" (referring to the Effort/Shape system of observation) was distributed. (See box.)

SOME ELEMENTS OF MOVEMENT ANALYSIS

BODY TENSION IN SPACE
- Dimensions: vertical, horizontal, sagittal
- Planes: vertical, horizontal, sagittal
- Diagonals
- Tendencies to grow or shrink: rising/falling, widening/narrowing, advancing/retreating

MOVEMENT DYNAMICS ("EFFORTS")
- Flow (bound to free)
- Time (quick to sustained)
- Weight (strong to light)
- Attention to space (direct to indirect)

MOVEMENT SHAPES IN SPACE
- Spoke-like
- Arc-like — Shape flow
- Shaping

USE OF TORSO (single- or multi-unit) and BODY PARTS

PERSONAL SPACE ("KINESPHERE")

DEGREE OF WEIGHT SHIFT WITH MOVEMENT
- Postural movement
- Gestural movement

INITIATION OF MOVEMENT
- Central
- Peripheral

MOVEMENT PHRASING

A SELECTED BIBLIOGRAPHY ON DANCE THERAPY
(*denotes material recommended for beginning reading)

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The Effect of Nonverbal Doubling on the Emotional Response of the Double

Guy S. Taylor

This study examined the effectiveness of non verbal doubling in generating an emotional response in the auxiliary similar to that of the protagonist. The subjects consisted of college undergraduates enrolled in an introductory speech course and were randomly assigned to control and experimental groups. Both groups were exposed to a five-minute nonverbal videotape of a single individual. The experimental group was requested to assume the physical posture and to imitate all physical activity of the individual in the tape, while the control group was asked only to observe the videotape. Mehrabian's Semantic Differential of Emotional Response was used to assess the emotional response of the subjects to the experience. Significant differences were found in the predicted directions on the Pleasure-Displeasure and Dominance-Submissiveness scales of the S.D.E.R., ($p < .05$). The null hypothesis was supported on the Arousal-Nonarousal scale, which is consistent with the arousal level of the videotaped protagonist. This study supports the hypothesis that nonverbal doubling generates an emotional response in the auxiliary similar to that of the protagonist.

> *The double is invited to step onto the stage and to participate in the world of another, but to do so not as an outsider but an "insider."*
>
> *(Perrott, 1975, p. 67)*

Although the literature on psychodrama is becoming more prevalent throughout the journals, research which validates the basic assumptions and theoretical structure of psychodramatic practice is still relatively rare.

Most of the literature on doubling consists of case studies or strategies for clinical application. As Kipper (1978) points out, the field is in urgent need of empirical research examining the theoretical basis and the relative effectiveness of the therapeutic paradigms. This study is designed to examine part of the doubling paradigm as espoused by J. L. Moreno (1953).

The task of the psychodramatic double is to "feel into" the role of the protagonist in an attempt to aid him in the expression of emotion through the process of physical and emotional identification (Yablonsky, 1976). This process begins when the double assumes the physical bearing of the client, and attempts to move, act and behave as if they were one individual (J.L. Moreno, 1969; Z.T. Moreno, 1959). The assumption is that when the auxiliary takes the physical bearing of the client, a similar emotional response is generated, allowing the auxiliary to "feel into" the client's position. In the most significant phase of doubling, the double and the client "reach an almost complete unity of communication; in the acting out of feelings and thoughts, gestures and movements of the subject and alter ego complement each other as if they would originate in one and the same person" (J.L. Moreno, 1953, p. 320).

Such an approach is consistent with Izard's (1971, 1972) concept of emotional response. Emotional response is felt to be the end product of innate neurochemical processes which stimulate physical activity. This activity in turn produces feedback which is experienced as emotion by the individual (Meerbaum, 1976).

One example of such physical activity might be facial configurations. According to Darwin (1872), there are universal, biologically determined facial configurations for the expression of emotion. Ekman and Friesen (1975) in their research identified six emotions which have cross-cultural facial configurations: surprise, fear, disgust, anger, happiness and sadness. These and similar studies suggest firm theoretical support for the doubling technique.

There have been five empirical studies which have examined some aspect of psychodramatic doubling (J.A. Goldstein, 1971; S.G. Goldstein, 1967; Kipper, 1979; Meerbaum, 1976; and Toeman, 1948). Three of these studies measured the impact of doubling on patient involvement or empathy training. Another attempted to measure emotional arousal in the auxiliary but failed to find significant results. In the fifth, Toeman (1948) utilized a quasi-experimental design in a single case study. The auxiliary's doubling statements made during a psychodrama session were assessed by the protagonist as being incorrect, correct or probable. These doubling responses were reported by Toeman as achieving an 82% accuracy rate.

In 1967 S.G. Goldstein sought to foster involvement of withdrawn psychiatric patients by utilizing a co-therapist to double the patient's emotional responses. If no response was made by the patient following two

doubling statements, the double would then mirror the opposite emotional response. The number and duration of patient speech units were noted and found to be significantly higher ($p < .01$) for the experimental rather than the control group. This study was repeated with some improvements by J.A. Goldstein (1971) and the earlier findings were replicated.

Doubling in the training of empathy (Kipper, 1979) was also found to be effective using Truax's Accurate Empathic Scale. Psychodramatic doubling was compared with reflection and lecturing as techniques in training empathic response. A one-way analysis of variance of group means showed significant results at the $p < .01$ level. The posthoc Sheffe test showed a significantly higher empathic score on the Accurate Empathic Scale ($p < .001$) for the doubling method over either reflection or lecturing.

All of the previous studies sought to measure the effects of the application of the doubling technique in varied circumstances. The only study, other than the present one, which addressed the arousal of emotional response in the double was conducted by Meerbaum (1976). She attempted to assess the effectiveness of nonverbal doubling as a tool to facilitate the identification and expression of emotion of nine hospitalized psychiatric patients. Ten scenes were developed based on Izard's Differential Emotions Scale which, in an adapted form, also served to measure the subjects' emotional response. Subjects both enacted and doubled the auxiliary role in each of the prepared scenes. The D.E.S. was administered after the enactment of each of the scenes, measuring the verbal identification of emotional response. In addition, a complete measure of the patients' verbal expression of emotions was obtained by rating a videotape of their behavior obtained during two portions of the session. Analysis of the data using the Wilcoxon Matched-Pairs Signed-Ranks Test failed to yield any significant results. That failure may have been due to uncontrolled variables, small sample size, medication of the patients (which reduced emotional response), and the questionable applicability of the D.E.S. as a measuring instrument in this situation (Meerbaum, 1976).

Despite Meerbaum's lack of significant results, there exists sufficient evidence in the existing research to suggest that nonverbal doubling will lead to an emotional response in the auxiliary similar to that of the protagonist. The present study used a control-experimental group design with a videotaped stimulus to test the following two null hypotheses: There will be no significant difference in emotional response between the experience of viewing a nonverbal videotaped scene and the experience of doubling the same videotape while viewing it. More specifically, there will be no significant difference in emotional response between the experience of viewing a nonverbal videotaped scene and the experience of doubling the same videotaped scene while viewing it, with regard to the factors of Pleasure-

Displeasure, Arousal-Nonarousal, and Dominance-Submissiveness. Emotional response was measured by a preliminary version of Mehrabian's Three-Factor Semantic Differential Measures of Emotional Response.

Method

Subjects

Thirty-eight subjects from three different sections of an introductory speech course took part in this study. They ranged from 18 to 25 years of age. All were undergraduate students ranging from freshmen to seniors. Fifteen were male and 23 were female. The names were alphabetized in their respective sex groups and assigned to treatment or control groups by using a table of random numbers.

Procedure

During the experiment the subjects were exposed to a five-minute videotape which had been prepared as the experimental stimulus. The tape consisted of a view of a solitary man, 33 years of age, sitting in a chair in front of a desk. Subjects were led to infer that the man was waiting for the arrival of someone who was obviously late. This was indicated by the man's frequently looking at his watch and executing brisk physical gestures. He remained seated for the duration of the tape to insure that all physical activity could be replicated by the subjects. (The fixed seating arrangement of the room restricted the execution of the experiment. Subjects had to remain seated for the duration of the stimulus tape, making the doubling of gross body movements impossible. They were able to double physical movements only from a seated or near-seated position.) Throughout the tape the man increased his agitation and impatience at being kept waiting. The other party never appeared in the scene and the man never spoke. When the tape was shown to the subjects, the sound was turned off on the television set, and the subjects were given only a single viewing of the videotape.

Though doubling is normally done with both the auxiliary and client present, the need for a controlled videotaped stimulus precluded their presence in this study. Since the study examined emotional response in the auxiliary as a result of doubling, the videotape was believed to present no impediment to the execution of the technique and increased the rigor of the study.

Mehrabian's Semantic Differential of Emotional Response (S.D.E.R.) was administered immediately before and after the presentation of the videotape. The control group was asked only to observe the tape, while the experimental group was asked to assume the physical posture of the figure in the scene and to imitate all his physical activities as closely as possible.

Dependent Variable

The S.D.E.R. was used to measure the response to the experimental conditions. There are many instruments available for measuring emotional response of subjects. Most of them have identified between two and nine primary emotions which then serve as the dimensions of the scale. Mehrabian's (1980) instrument is unique in being based on a three-dimensional definition of emotional response. The scale employs three dimensions in a semantic differential format which are "sufficient for the description of any emotional state" (Mehrabian, 1971, p. 10). The three dimensions are 1) Pleasure-Displeasure, 2) Arousal-Nonarousal, and 3) Dominance-Submissiveness. The scale has been developed from Osgood, Suci and Tannenbaum's semantic differential for assessing the significance of a verbal concept based on 1) Evaluation, 2) Activity, and 3) Potency.

The Pleasure-Displeasure dimension is defined "in terms of adjective pairs like happy-unhappy, pleased-annoyed or satisfied-unsatisfied" (Mehrabian, 1971, p. 5). The Arousal-Nonarousal dimension refers to a combination of activity and alertness. High activity and high alertness yield high arousal, low activity and high alertness yield moderate arousal, while low activity and low alertness yield low arousal. The Dominance-Submissiveness dimension assesses the amount of power a person feels or the extent to which he can control the situation.

Mehrabian (1980), utilizing the KR-20 coefficient of internal consistency (Kuder and Richardson), reported a coefficient of .93 for Pleasure-Displeasure, .88 for Arousal-Nonarousal, and .79 for Dominance-Submissiveness on a subsequent version of the S.D.E.R. The intercorrelation of the scales of this version was reported at .03 for pleasure and arousal, .40 for pleasure and dominance, and .15 for arousal and dominance, indicating that the three dimensions may be considered independent. The S.D.E.R. used in this study was a preliminary version of the one Mehrabian reported in 1980. Though considered a valid indicator of emotional response, this earlier version lacked the rigor of the current one.

Based on those scales the videotape was constructed to create a scene which had low pleasure, moderate arousal (high alertness and low activity), and low dominance. The hypothesis being tested led the experimenter to expect that the subjects from the experimental group would show less pleasure and dominance and higher arousal than the control group.

Results

The F-Ratio for multivariate test of equality of mean vectors was run on the pretest of the S.D.E.R. to insure homogeneity of the control and ex-

perimental groups. No significant differences were found between the groups prior to viewing the videotape ($df = 9$ and 64; $p > .8$), indicating that the groups had statistically equivalent emotional response states prior to the experimental situation.

The F-Ratio for multivariate test of equality of mean vectors was also run on the posttest of the S.D.E.R. to test hypothesis one. There was found to be a significant difference in emotional response between the experience of viewing a nonverbal videotaped scene and the experience of doubling the same videotape while viewing it ($df = 9$ and 64; $p < .0001$).

Multiple discriminant analysis was run to determine the effect of doubling on subjects' emotional response toward a videotaped stimulus to test hypothesis two. Two dimensions of the S.D.E.R. were found to be significant at the .05 level: Pleasure-Displeasure ($df = 9$ and 28, $p < .0001$) and Dominance-Submissiveness ($df = 9$ and 28, $p < .02$).

The control group centroid for the Pleasant-Unpleasant dimension was found to be .34 while the experimental group centroid was .76, indicating that doubling the videotape did produce a significantly less pleasurable emotional response in the subjects. The two scales having the largest loading were Relaxed-Bored and Secure-Insecure.

The control group centroid for Dominance-Submissiveness was found to be -.37 while the experimental group's centroid was -.59, indicating that the experimental group felt significantly less dominant than the control group. The two scales having the largest loading were Important-Awed and Domineering-Helpless.

Discussion

This study was undertaken to examine one of the basic assumptions of doubling: That when the auxiliary assumes the physical bearing of the protagonist, a similar emotional response will be generated in the auxiliary. This study supported the hypothesis on two dimensions of the S.D.E.R.: Pleasure-Displeasure and Dominance-Submissiveness. The hypothesis of higher arousal in the experimental group was not supported.

On the Pleasure-Displeasure dimension, the experimental group proved to be more bored and less secure than the control group. This was logical in relationship to the stimulus. The man in the videotape had nothing to engage his attention other than the absent person. He made several attempts to rise and leave the situation, but always remained in his seat after glancing at the vacant chair behind the desk. The nonverbal authority in the situation belonged to the absent person.

On the Dominance-Submissiveness dimension the experimental group proved to feel significantly more helpless and awed. Again these findings

are consistent with the emotional tone set by the stimulus tape. The nonverbal authority in the situation belonged to the absent person who was keeping the man waiting. His attempts at leaving, ending in only sinking back into the chair, increased the impression of his physical helplessness. These results indicate that nonverbal doubling arouses an emotional response in the auxiliary along lines which are similar to the emotional state of the protagonist.

Considering the nature of the Arousal-Nonarousal dimension it is understandable that there was not a significant difference between the control and the experimental groups. The dimension is established by two elements, alertness and activity. Because of the physical limitations of the testing situation, the videotape stimulus had to be confined to low activity. The man remained seated during the entire tape. According to Mehrabian's scale this meant that the greatest degree of arousal to be expected would be moderate (high alertness and low activity resulting in moderate arousal).

This study gives credence to many of the claims made for the psychodramatic doubling technique. It would seem that it does provide access to the client's "Invisible I" (Toeman, 1948), by arousing similar emotional responses in the auxiliary. It also suggests further development of role expansion through the doubling process. If emotional responses can be developed through the execution of physical actions, perhaps the conscious doubling of a videotaped stimulus may aid clients in overcoming role blocks and thus enhance role development.

The technique of doubling would benefit from further studies that could make greater use of the Arousal-Nonarousal dimension and the addition of vocal doubling responses, both of which were beyond the scope of this study. Additionally, further replication would be enhanced by the use of the current version of Mehrabian's S.D.E.R. Certainly psychodramatic theory and practice will benefit from further validation of the techniques and theories behind the practice.

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Date of acceptance: February 4, 1983

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Sing It! Groups for "Bad Singers"

Mildred Grenough

This article gives an introductory description of the work/play I do with adults who consider themselves to be "bad singers" (ranging from supposedly tonedeaf and hopelessly monotone, to offkey singers, to those who think they aren't good enough to sing outside the shower). These "Sing It!" groups are ongoing, nontherapy groups which meet weekly.[1]

The principles of Gestalt psychotherapy infuse the work/play of these groups. A healthy organism is viewed as one that functions in good contact with itself, with its environment, and with the relationship between them. Illness or abnormality is not viewed as a fixed category or as messed-up perfection, but rather as "dis-ease, the lack of ease, the absence of free functioning" (Latner, 1973, p. 99). In order to maintain or regain this free functioning, this "state of healthy spontaneity," we need utmost discipline—not the discipline of tasks to be done, of perfection to be achieved, but the discipline of establishing a *continuum of awareness*, dealing with what emerges in this continuum, and building from there (Perls, 1969, pp. 50-51).

The "Sing It!" groups provide a nonthreatening, nourishing environment where each individual can contact, explore and expand his own voice, and begin to enjoy using it with others.[2]

> "I believe that this is the great thing to understand: that awareness per se—by and of itself—can be curative."
>
> —Fritz Perls (1969, p. 16)

Setting the Stage

Tonight is the first meeting of a group for "bad singers." The participants, who have not met each other or me before tonight, are responding to my queries about their "singing histories." At first, the answers come hesitantly. Then, as one or two confessions are made public, more experiences come out.

When I was in the fifth grade, my teacher told me to stand in the last row and just move my mouth. She told me not to dare sing a note, because I'd throw the whole class off.

Philip, age 25, a slim, slow-moving newspaper dispatcher

My mother use to say I had inherited her inability to carry a tune—and she was really bad. When I sang in the shower, my younger brother always made a big deal complaint about it.

Jane, 29, a vivacious high school teacher

In freshman year I tried to join a boys' chorus. They told me football might be better for me. I was very careful where I sang after that.

Arnie, 43, a burly engineering aide

My kindergarten teacher made me a bluebird listener. That was 47 years ago. And even now at birthday parties when they're getting ready to sing, I make sure I'm busy doing something in the other room.

Alma, 52, an efficient-looking social worker

My worst time was at my senior dance in college. I was feeling very romantic, and I began singing in my girlfriend's ear. She looked up and said, 'George, you're one full note flat.' I never sang in front of anybody again. . . . She married me anyway. And she's the one who heard about this group and suggested I come tonight.

George, 34, a solidly built investment banker

Ages, body styles, professions, and reasons for coming vary greatly. George says he just wants to be able to sing along at parties without his friends laughing. Philip acts in community theatre, "but I'm tired of everybody but me getting parts in musicals. I want to get up the nerve to audition."

In a mixture of embarrassment and relief, the participants are beginning to set up their own safe atmosphere. They begin to realize that, with all their differences, they share several uniting factors: a great desire to sing; painful experiences regarding past attempts at singing; a lack of knowledge and/or courage regarding singing; and the willingness now to put out time, energy and money to change their present situation.

Now that the participants are situated, albeit precariously, in the room with each other, I let them know who I am and why this group is important to me. I tell them why and how these groups began, share my credentials, and outline my two-minute philosophy of life regarding singing. Briefly, my philosophy is:

- It is natural for human beings to talk. It is even more natural for them to sing.[3]
- Unless there is something physiologically wrong with you, you can learn to sing.[4]
- I get a kick out of doing these groups because I too was once a closet singer and I know how good it feels to be out.
- These groups are for fun and exploration: in the group meetings, you don't have to do anything you don't want to do. In here, it's fine to

sing "offkey" and to sound like mashed potatoes. There's only one rule: you can't criticize another person's voice.

Beginnings: Breathing and Body

We begin immediately. Shoes come off. Belts and ties are loosened. We yawn and stretch. I ask the participants to walk around the room, look at anything they want to as they walk, breathe, and let out any sound at all as they exhale. The movements are self-conscious, awkward. The sounds are muffled or exaggerated. George is thinking, "My God, this is how you get to the Metropolitan?" We are beginning.

Alexander Lowen affirms that for Wilhelm Reich "the first step in the therapeutic procedure was to get the patient to breathe easily and deeply" (Lowen, 1976, p. 19). So it is in the Sing It! group. And as in bioenergetic work, the aim is to help a person "get back together with his body" and enjoy it to the fullest degree possible: to achieve this, the emphasis is on breathing, feeling, and movement (Lowen, 1976, pp. 43, 50).

Many nonsingers or "bad singers" think of singing as something to do primarily with exact pitches, with vocal cords, and with holding the diaphragm a certain way. When they focus on these fragmented concerns, they usually further restrict their singing. Therefore, from the first session, I encourage the participants to think of singing, not as an activity of their diaphragm and vocal cords, but as something they do and enjoy with the whole body. We often begin a session with a simple relaxation exercise, and throughout the session we do various breathing and grounding exercises.

The participants begin to understand, in a very experiential way, that if their breathing and bodies are not free and flexible, neither will their singing be. The fact can be put as simply as this: no body, no voice; no breathing, no singing. Breathing and body, then, are our two constant referents.

Continuing: Playing With What Is

"Change occurs when one becomes what he is, not when he tries to become what he is not" (Bresser, 1970, p. 77). This paradoxical theory of change underlies much of Fritz Perls's work and is implied in the practice of Gestalt techniques.

> Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is—to be fully invested in his current positions. (Beisser, 1970, p. 77)

Most nonsingers or "bad singers" have disowned or buried parts of their voices. Some of them remember how and when they did it, some don't. The shutting up was in most cases a fairly healthy reaction to an adverse circum-

stance. This "nonsinging" or "bad singing" reaction has become a fixed gestalt, now a habitual (and probably largely unexamined) pattern; it is as much a part of the person as his nose.

An important function of the group is to allow, even to provide opportunities, for the person to experience himself as a bad singer, as offkey, as monotone, as cracking, as shy. Allowed such leeway, the person has the opportunity to let his own voice be what it is right now. And from there it can change and grow. As Erving and Miriam Polster state:

> A basic gestalt principle is to accentuate that which exists rather than merely attempting to change it. Nothing can change until it is at first accepted; then it can play itself out and be open to the native movement towards change in life. (p. 150)

Obviously, no one in the particular group is willing to stand up and sing a solo at this point. This would only intensify the fear and possible humiliation. So we find various safe ways for individuals to begin to re-meet their own voices. One way is by means of nonthreatening graded experiments. These experiments are seen not as tasks or tests, but rather as play and exploration. As Eugene Eliasoph comments:

> When I ask my clients about having fun, many of them are astonished to realize that they haven't even thought about, much less experienced it (fun) for years, if at all! They have succeeded in becoming left brained, robotized, controlled, "turned off" or "tuned out."

John Bellis, who believes firmly in the importance of laughter and play in therapeutic growth, speaks of the therapist creating *spielraum*, room or space to play (Bellis, 1980, p. 118). The graded experiments happen in this atmosphere. In the "Sing It!" *spielraum*, the individual can play with his voice in much the same way a three year old plays with his first tricycle: he experiments, explores, and begins to recognize what his voice will do and will not do at this point in time.[5] In the initial stages of play, to ensure an added degree of safety, we do the experiments as group exercises so that individuals are not anxious about being singled out.

On the first night, after the participants have begun to breathe, move, and make preliminary sounds, we launch immediately into more extensive "sound-making" activity. I say "sound-making" advisedly, so that people don't activate their fears about "singing." I guide the first experiment with verbal instructions:

"Sit down. Choose a scarf you like." (Colored silk scarves are scattered on the floor.) "Put the scarf around your head loosely as a blindfold. Check to see if you feel comfortable and can breathe. Yawn. . . . Stretch your arms. . . . Let out an 'Ah'. . . ." (The breathing and stretching facilitate grounding and centering. The blindfolds cut out visual distractions and also minimize the possibility, real or imagined, of being judged by others in the room.)

I begin with simple spoken phrases. I ask them to receive the sounds, and then to imitate them. "Hi!" "How are you?" exaggerating ever so slightly the length and the tonal changes. Then I mix in some animal noises: a long drawn-out "Me-ooooooooow," a rumbling low-toned "Roooooooooar." Then I slip in the first line of "Mary had a little lamb." Then back to spoken "Oh, no!" "Realllyyy?" Then a few single "Ah" notes for them to try to match. Then a wolf whistle. Then back to nonthreatening sounds with spoken works: "Yeah!" "That's all, folks."

The first experiment is over. Blindfolds are off and we talk. George realizes he loved doing the roar, and shut up as soon as he heard "Mary had a little lamb." Alma enjoyed hearing the soft quality in my voice, and hated the cracks in her own. Philip got frustrated trying to match the "Ahs" but he boomed out the "Yeah!"

The participants are beginning to focus on outside sounds, on their listening abilities, and on their own responses. We listened to the tape playback of the experiment. They notice a few points. Awareness is increasing.

I point out that, from what I noticed in the group, no one is a true monotone and that each already has an ability to hear the difference between high and low notes. George asks, "How do you know that?" I reply that each one was able to hear and imitate the inflections in "Oh, no!" and "Really?" George is dubious. We listen to that part of the tape again. George and the others hear the differences in range, volume, and texture—all of this at a very elementary level—but we are beginning. These "bad singers" are taking baby steps in a world that they have been excluded from (or, more accurately, that they are excluding themselves from). Singing *is* a mysterious, frightening world to them. And now, in very gradual steps, they are beginning to explore its magic and to toy with having little pieces of it for themselves.[6]

From the first meeting, participants are encouraged to make sounds, any kind of sounds. And from the first meeting, they are guided in listening. Listening is not viewed as an activity of the ears. Listening is rather the art of receiving sound waves with the whole body. And again, through graded experiments, the participants begin to become aware of what they hear, and what they do not hear.

So we work/play through the weeks. The participants discover and forget and re-discover that "mistakes are no sins."[7] They begin to trust that, at least here and now in this group, it's okay for them to sound however they sound. They begin exploring their "mistakes,' carrying their "faults" to further limits, and discovering strange new things about themselves and their voices. Embarrassments continue ("Geez, I'm still afraid to do anything alone"). Doubts persist ("I don't think I really believe her when she says it's possible"). Old convictions remain ("I still think I'm the worst

one in this whole group"). The flip side of shyness and doubt is the urge to get up on stage and sing like a star. No one, including me, knows exactly what is there in each person and when, if ever, that flip side will appear. And we continue.

After Five Weeks

People come in, take off their shoes, and report in to the group.

Alma: Last Friday was my husband's birthday. And guess what—for the first time in twenty years I stayed in the room and sang "Happy Birthday" with everybody else.

Philip: I'm almost too embarrassed to say this, but I got up the nerve to audition for the production in "Camelot." And, I still don't believe it: I got a part in the chorus—me! Of course, they needed men. But who cares?

Brian: No change whatsoever.

Jane: I'm frustrated because I was playing around with a friend's piano this week, and I still can't match the notes the way I want to. . . . But I did notice that my headaches weren't so bad this week. I think the breathing is helping them.

George (last one to report in): I'm sweating. . . . I'm trying to decide whether I'm going to sing alone tonight or not. I say to myself "What the hell if I don't sound like Pavarotti?", but I'm still scared anyway. I don't know if I want to or not. Oh, shoot, I think I'll pass now. . . .

Arnie (opens the door and comes in a little sheepishly): Sorry I'm late. I stopped down at the Mobil station to get some gas. I went into the men's room and got carried away practicing my opera. I don't think I'm ready to do it in front of you yet. By the way, my wife thinks you ought to start a group for all the people who will have to put up with us when we come out of the closet.

Me: Yeah, I've been thinking about that. Okay, up on your feet. Let's shake out and do some warmups—

George breaks in: "Wait a minute. I'm still sweating . . . and I'm still trying to decide whether or not to do it . . to sing alone, I mean. Oh, what the hell. I want to do it. Let's skip the warmups. I'm going to do it right now. Here goes—(shuffle, pause, shake, throat-clearing)—It's a Beatles' song. I think most of you know it . . . (more pause, shuffle, throat-clearing)—Well, here goes— 'What would you do if I sang out of tune. . . ?' "[8]

* * * *

Fritz Perls said, "If we don't know if we will get applause or tomatoes, we hesitate, so the heart begins to race and all the excitement can't flow into activity, and we have stage fright" (1969, pp. 2–3). And we shut up. Or we sing only in the shower. Or we yell at the kids. Or we get a headache. Or we orate at people from behind a podium or a desk. Or we write a book. Or we tell jokes. Whatever. And we don't do what we want to do, which is SING.

In their lifetimes, "bad singers" have gotten more tomatoes than they care to remember. And they're not about to stick out their necks for more. The "Sing It!" group has as one of its main functions the establishing and maintaining of a tomato-free atmosphere so that individuals can have the opportunity to experience themselves and their voices where they are, and to explore and experiment at their own pace.

In a sense, the group *is* the anxious place between the now and the then. It is the place where George can let himself sweat as he wrestles with his demons and desires . . . where he can experience how he feels when he decides not to sing . . . where he can feel what he feels as he maintains his shut-upness . . . where he experiences how he feels when he is gaining momentum to go ahead and do it . . . when he is saying that he's going to do it . . . when he is standing up . . . and then . . . ah . . . then . . . when he is singing . . . and now he is finishing . . . and now the silence . . . and now . . . they're clapping, yes, they're clapping. . . .

NOTES

1. The fact that the groups are known to be "non-therapy" allows individuals who might be afraid of therapy or might not want to "get into things deeply" to come and see. Another weekly group, "Gestalt and Voice," is a therapy group designed for people who feel blocked in speaking and singing communication. Occasionally, individuals participate in the two groups concurrently.
2. Polster and Polster describe the seven contact functions in *Gestalt Therapy Integrated*, Chapter 6. They speak of voice and language as two dimensions of the contact function talking.
3. We know from our own experience that babies sing before they talk. Charles Darwin, in *The Expression of the Emotions in Man and Animals* (1872), writes that "the progenitors of man probably uttered musical tones before they had acquired the power of speech" (p. 87). Paul Moses, in *The Voice of Neurosis* (1954), comments:

   > "The speech range of today is only a partial function. In archaic days, when sounds, and not abstract constructions of grammar, were the interpreter of human thoughts and emotions, the complete range of voice was used more freely. Like the infant who lets his vocal powers range to their fullest extent, primitive peoples at the dawn of society used their voices to their hearts' content to express their feelings and reactions. Sensual sound phenomena also preceded syntax." (p. 41)

4. I do not deny that there are definite differences in voice quality and range, in natural talent and ability. What I have found, from my experience in the last ten years with "bad singers" on three continents, is that I have not encountered an individual who was hopelessly monotone or tonedeaf, unless he had a physiological impediment. With knowledge, patience, practice, and encouragement, every individual began to sing more fully and freely.
5. For more about experiments in the Gestalt context, see Polster and Polster, *Gestalt Therapy Integrated*, Chapter 9. Perls, Hefferline, and Goodman (1951) speak about letting the "clinical" become an experimental situation:

   > Instead of putting explicit or implicit demands upon the patient—pull yourself together, or: you must relax, or: do not censor, or: you are naughty . . . we realized that such demands would only increase his difficulties and make him more neurotic, even desperate. We suggest graded experiments which—and this is of the uppermost importance—are not *tasks* to be completed as such. We explicitly ask: what is going on if you repeatedly try this or that? With this method we bring to the surface the difficulties of the patient. Not the task, but what interferes with the successful completion of the task becomes the center of our work. In Freudian terms, we bring out and work through the resistances themselves. (pp. xx-xxi)

6. The participants in the group realize that I do belong to the world of singers. I have experience and knowledge that they do not have; this is true. I agree with Perls, Hefferline, and Goodman that:

   > "It is unwise to conduct a course of healing in a context that confirms the split [between the knower and the not-knower, the 'expert' singer and the 'bad' singer] . . . it is the possession of tools that overcomes the sense of being excluded." (p. 386)

7. Perls (1969) is speaking on the context of selftorture and the curse of perfectionism: "Please get this into your nut: mistakes are no sins" (p. 18). Other publications by Perls contain material pertinent to our subject:

   Ego, hunger and aggression. New York: Vintage Books, 1947. Four lectures, in J. Fagan & I. L. Shepherd (Eds.)

   Gestalt therapy now: Theory, techniques, applications. New York: Harper Colophon Books, 1970.

   The Gestalt approach and eyewitness to therapy. New York: Bantam Books, 1976 (original publication, 1973).

8. Lyric from "With a Little Help from My Friends" by John Lennon and Paul McCartney © 1967, Northern Songs, Ltd. The complete first verse is as follows:

   > "What would you do if I sang out of tune?
   > Would you stand up and walk out on me?
   > Lend me your ears and I'll sing you a song
   > And I'll try not to sing out of key."

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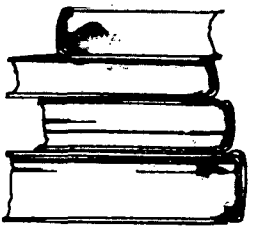
This article, entitled "Groups for Bad Singers," was first published in *Energy and Character: The Journal of Bioenergetic Research*, September 1981, *12* (3), 41–48.



Book Reviews

GEORGE M. GAZDA (Ed.) *Innovations to Group Psychotherapy*, 2nd edition.

Among the widely recognized values of group psychotherapy is its adaptability to a variety of theoretical systems and therapeutic techniques. The second edition of *Innovations to Group Psychotherapy*, edited by George Gazda, presents a selection of recently developed approaches to group work, designed to address creatively the needs of various patient populations.

No material from the book's first edition is repeated. The second edition of *Innovations* describes nine of the more creative approaches to group psychotherapy implemented during the late seventies. Gazda reports that three criteria were used to select approaches for inclusion: The uniqueness of the approach; the strength of its theoretical rationale; and its promise for becoming an enduring strategy, rather than a passing fad. Each approach is described in terms of its theoretical base, group composition and member selection, frequency and duration of sessions, leader roles, media used in sessions, ethical considerations, and research concerning the approach. In addition, case examples illustrate the approach in practice.

Chapter One describes Multiple Impact Training, developed by George Gazda and Mildred Powell. Grounded in the major theories of human social and psychological development, MIT is a multidimensional approach to life skills training which assesses and treats patient deficits in eight arenas of life functioning. Gazda and Powell note that MIT is concerned primarily with education and skills training, rather than therapy in the traditional sense. However, their model promotes a concrete, practical conceptualiza-

tion of patients' concern, emphasizing a tailoring of treatment to meet individual needs. Therefore, this model should prove to have wide utility for helping a broadbased population.

Chapter Two, by Jan Fabry, discusses Logotherapy in Sharing Groups, an application of Frankl's principles to group work. The major thrust of this approach is helping participants acquire a sense of meaning in their lives around which to create and further purposeful lifestyles. Fabry presents an excellent overview of logotheory, along with a clear application of its principles to group therapy in a number of settings. In addition, this chapter provides a particularly thoughtful discussion of ethical considerations regarding selection of members and conduct of this type of group, which frequently confronts members with intense, anxiety-provoking issues.

In Chapter Three, Judith Weinstein Klein describes her application of Cobb's Ethnotherapy to the concerns of Jewish participants. Klein observes that the Jewish identity in America is no longer a matter of simply being "born a Jew." Many Jews today struggle with a conflict between assimilation into the mainstream of society and personal identification with the Jewish culture and community. This conflict is exacerbated by feelings of shame and helplessness associated with the Holocaust and negative reactions to the stereotypic images of Jewish men and women. Ethnotherapy groups utilize interaction, self-exploration and confrontation of stereotypes to promote more positive attitudes toward participants' ethnicity. It seems likely that this ethnotherapy model may be usefully applied to the concerns of other populations working to clarify and accept their ethnic identity.

Chapter Four, by Jerold Bozarth, describes the use of the Person-Centered Approach in Community Groups, defined as being group experiences involving large numbers of members (groups of as many as 2000 persons have been conducted). Grounded in the principles of client-centered therapy, community groups are intended to foster personal responsibility, growth, and interpersonal caring in an unstructured environment. The idea that groups of 150 or more participants can provide therapeutic outcomes may arouse skepticism among practitioners who have worked solely with small groups. Bozarth presents results of follow-up surveys which support the therapeutic benefits of community groups, along with reports from former members concerning the positive aspects of their large group experiences. However, the chapter tends to downplay ethical issues regarding member selection and maintenance of members' psychological safety in such unstructured situations. Given the absence of substantial experimental research regarding the effects of this approach on members presenting various levels and types of pathology, along with survey results suggesting the existence of some negative outcomes, it seems that additional ethical

consideration would be in order. However, the community group model does show great promise as a means of providing large numbers of persons with a unique, highly powerful, interpersonal experience.

Chapter Five, by Ahkter Ahsen, discusses Eidetic Group Therapy, an approach centering around the production and sharing of images to establish empathy among group members. Sharing of images allows members to acquire new insights into the meaning of past and present life experiences. This chapter seems one of the more difficult to comprehend. The description of the approach employs a number of terms meaningful only within their theoretical context and somewhat abstractly defined. It is recommended that the reader unfamiliar with Ahsen's earlier work in this area read the case example at the end of the chapter before his discussion of the approach. Once Ahsen's principles are understood, his model offers a fascinating approach to facilitating empathy and feedback exchange in groups through an unusual application of the imagery process.

In Chapter Six, Maxie Maultsby, Jr. describes Rational Behavior Therapy. As the name implies, RBT combines the basic principles of Rational Emotive and behavior therapies to help members understand their faulty ways of thinking about antecedent—outcome relationships and learn new ways of thinking and behaving in problem situations. Maultsby's elaboration of Rational Emotive techniques, along with his incorporation of cognitive and behavior modification strategies, seem to enhance the effectiveness of both models. Maultsby presents a number of empirical findings substantiating the effectiveness of RBT in producing enduring behavior change. Practitioners interested in utilizing a cognitive-behavioral approach in their group work should find this model particularly useful.

Chapter Seven, by Myron Gordon and Norman Liberman, presents Theme-Centered Interactional Therapy. Originally developed by Ruth C. Cohn in her efforts to help psychotherapist trainees confront counter-transference issues, TCI is intended to promote exploration of selected issues or themes characterizing emotional experiences shared by participants. TCI is grounded in the humanistic principles of holism and synergy and conceptualizes members' experiences in the group as an inseparable entity of sensing, thinking and feeling through past and present life experiences. While Gordon and Liberman provide a thorough account of this approach, the description is encumbered by the use of many terms defined only in the abstract. At times, it is difficult to distinguish the model from other personal growth and developmental approaches which have existed for some time. Again, the reader unfamiliar with humanistic principles is encouraged to read the case study prior to reading the rest of the chapter.

Chapter Eight, by David Kipper, discusses the use of Behavior Simulations in group work. This approach blends the techniques of role play with

those of psychodrama, enabling members to recreate critical life incidents while receiving support and feedback from other members. While the usefulness of role play and psychodrama techniques has been accepted by many practitioners, a strength of Kipper's model lies in its flexibility. A variety of techniques may be used appropriately within the model and factors such as the specificity and structure of simulations may be geared to the members' needs. Kipper observes that research concerning the effectiveness of behavior simulation techniques has suffered from the absence of a theoretical framework. Kipper's model should serve as a useful base for future studies of this type.

Chapter Nine, by Jim Jones, describes the employment of Bioenergetic Analysis in groups. Bioenergetic Analysis is a system designed to identify blockages in an individual's energy flow which restrict the ability to enact a fully functioning style of life. Various breathing exercises and body work are then used to free these blockages, helping persons become grounded in their world. Jones begins his discussion with a touching account of his own experience as a subject of Bioenergetic Analysis as he struggled to overcome a serious illness. He uses his experience as a base for a highly readable description of the method and its theoretical rationale. Jones has geared his writing to a lay audience. His explanation of Reichian theory and its extension to bioenergetics in groups should enable all readers to quickly grasp the method. Also, Jones devotes careful attention to ethical considerations and limitations of the approach.

Appropriately, all contributors remind the reader that these approaches await further research regarding their effectiveness when employed with various populations under different conditions. However, the models are logically grounded in theory, well presented and described in detail sufficient for interested group workers to try them in their own practices. These approaches have been well selected and the second edition of *Innovations* should prove to be a thought-provoking addition to the library of specialists interested in trying out or researching creative new styles of group therapy.

George M. Gazda (Ed.), *Innovations to Group Psychotherapy*. Springfield, IL: Charles C. Thomas, 1981, 2nd ed., 326 pages, $16.75. ISBN: 0-398-04152-0.

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GEORGE M. GAZDA (Ed.) ***Basic Approaches to Group Psychotherapy and Group Counseling, 3rd edition.***

In this third edition, although the major topics remain the same (with the exception of combining the chapters on behavioral group counseling and group therapy with children), Gazda has orchestrated substantive changes in content. In most cases these changes reflect his selection of new authors for some of the chapters. The substantial increase in new material is reflected in the increase in the size of the book by 50 pages (to 587 pages). Even with a reduction in print size, the type is still comfortably legible.

Part I of this book includes chapters on the history and development of group counseling and group psychotherapy, a review of research, and guidelines for ethical practices in group work. In chapter one, Gazda does an exceptional job of sorting out the roots, development and contributors to the field of group work. A total of only 34 literature references in the 25-year period preceding 1931 has escalated to over 800 references in the 20-year period following 1931.

Chapter 2, entitled "Review and Perspective of Critical Dimensions in Therapeutic Small Group Research" by Rex Stockton and D. Keith Morran, is a significant addition to this third edition. A similar chapter in the second edition was much too brief and contained only 13 references. Stockton and Morran include 134 references in their chapter!

Chapter 3, entitled "Ethical Practice Guidelines for Group Work Pratitioners" by George Gazda and Sharon Mack, presents an overview of the major ethical issues group workers need to be concerned about. This book is such a treasure of resource material in other areas that the inclusion of the 1980 "Ethical Guidelines for Group Leaders" adopted by the Association for Specialists in Group Work would have been a valuable addition.

The basic group counseling and group psychotherapy positions summarized in chapters 4 through 16 of this text include psychodrama, existential/logotherapy, transactional analysis, and behavioral-cognitive group counseling with children, as well as a wide variety of types of therapy: analytic, multimodal/behavioral, person-centered group, reality, gestalt, rational-emotive, conjoint family, developmental, and teleoanalytic. Each of these theoretical approaches is covered in a separate chapter authored by noted individuals in the field of counseling and psychotherapy, or in a few cases written by a selected author and reviewed by a recognized authority.

Each chapter is organized around a predetermined outline that enables the reader to compare and contrast all the theoretical approaches on the variables of definition, history, theoretical foundation, uniqueness of the approach, treatment goals, selection of group members, group composition, group size, setting, frequency and duration of group sessions, media

employed, and structured exercises. Attention is also given to the rationale, ground rules, ethical considerations, and limitations of the approach, and there is a protocol of a group session depicting the approach. The suggested readings and list of illustrative tapes and films presented at the end of each chapter are valuable resources.

Little attempt is made to address the unique issues related to working with children below the age of ten when utilization of play media would be appropriate. It is regrettable that the chapter by Ginott on group therapy with children was not retained in this third edition.

This book is still the most thorough and comprehensive coverage available of the major theoretical approaches to group counseling and group psychotherapy and is an excellent text for students in the field. *Basic Approaches to Group Psychotherapy and Group Counseling* continues to be a significant contribution to the counseling profession. Gazda has undertaken a massive task and has done his job well!

George M. Gazda (Ed.), *Basic Approaches to Group Psychotherapy and Group Counseling*. Springfield, Ill.: Charles C. Thomas, 1982, 3rd edition, $27.50

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BRIEF REPORTS

TRAFFIC JAM

H. LEE GILLIS
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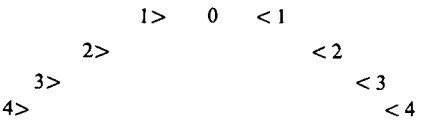
Here is a good game to play with teenagers or adults during the initial phases of a group when you want the members to work together on a common task or when you are interested in leadership styles among group members. To set this initiative up, you will need an even number of group members (at least four on each side works best, seven per side is about maximum). On the floor or ground, mark off one more space than you have members in your group. Chalk, masking tape, sheets of paper, or anything which allows you to set up one foot squares works well. The squares should be placed an easy step apart. Arrange the squares in a semi-circle to allow for ease in communication among group members.

Divide the group in halves, arranging one group to the left of the middle square and the other to the right. Both groups should face the middle square.



The object of this initiative is for members on the left and right to trade places using the following moves:

1. A member may move into an empty space in front of him.
2. A member may move around another member who is on the opposite side.

Thus, in a situation where a right side member is facing a left side member with an empty space between (1> 0 <2), either member 1 or

member 2 can move into the empty space. In a situation where a right member faces a left member with an empty space behind them (1> <2 0 3>), member 1 may move around member 2 into the empty space. If the situation presents itself where two right side members are facing the same direction (1> 2> 0 <3), then member 1 could not move around member 2, but, either member 2 or 3 could move into the empty space. Other illegal moves are any move backwards, or any move involving two members moving at the same time.

This can be a difficult problem for many groups. To ensure effective group interaction, it is necessary for the group leader to set up the problem, inform the members of the object of the game and the legal and illegal moves, and then step back and observe. When the group reaches an impasse (and they will) or makes an illegal move, I usually have them begin again. As a group leader you might want to work this out on paper before attempting to introduce it to your group.

Once a solution is reached, you can ask one member to volunteer to serve as a director of the traffic jam and attempt to instruct the other members where to move. To add some excitement, have all members hold their breath as the leader directs them through the proper moves. If any member breathes before the last move is complete, the entire group usually explodes in laughter.

Traffic jam provides an excellent initiative for observing the emergence of leadership in a group. With several strong leaders, the interplay of leadership styles and willingness to cooperate with one another can provide fuel for the group process following the activity. This is an excellent game for class demonstrations of group cooperation and leadership styles or when you are doing a workshop with administrators. You have never seen such traffic jams as can happen with a group of administrators!

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Information for Authors

The Journal of Group Psychotherapy, Psychodrama and Sociometry publishes manuscripts that deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skills training, and other action methods to the fields of psychotherapy, counseling, and education. Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and action techniques. Theoretical articles will be published provided they have practical application. Theme issues will be published from time to time. The journal welcomes practitioner's short reports of approximately 500 words. The brief reports section will be devoted to descriptions of new techniques, clinical observations, results of small surveys and short studies: refinements and replications.

1. Contributors should submit two copies of each manuscript to be considered for publication. In addition, the author should keep an exact copy so the editors can refer to specific pages and lines if a question arises. The manuscript should be double spaced with wide margins.

2. Each manuscript must be accompanied by an abstract of about 100 words. It should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the JGPPS, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.

3. The *Publication Manual of the American Psychological Association,* 2nd edition, the American Psychological Assosication, 1974, should be used as a style reference in preparation of manuscripts. Special attention should be directed to *references.* Only articles and books specifically cited in the text of the article are listed in the references.

4. Reproductions of figures (graphs and charts) may be submitted for review purposes, but the originals must be supplied if the manuscript is accepted for publication. Tables should be prepared and captioned exactly as they are to appear in the journal.

5. Explanatory notes are avoided whenever possible by incorporating their content in the text. For essential notes, they may be identified with consecutive superscripts and listed in a section entitled REFERENCE NOTES at the end of the text.

6. Accepted manuscripts are normally published within six months of acceptance. Each author receives two complimentary copies of the issue in which his or her article appears.

7. Submissions are addressed to the managing editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, HELDREF Publications, 4000 Albemarle Street, N.W., Washington, D.C. 20016.

The American Society of Group Psychotherapy & Psychodrama

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, M.D., in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy in Paris, France, in 1951, whence has since developed the International Council of Group Psychotherapy. It also made possible a number of International congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama & Sociometry* founded in 1947, by J.L. Moreno, the first journal devoted to group psychotherapy in all its forms.

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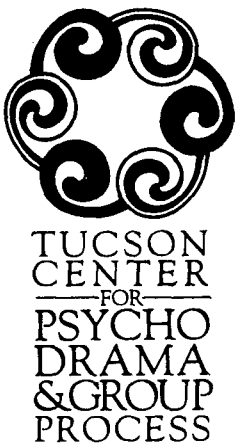

REQUEST FOR RESEARCH PUBLICATIONS

The Tucson Center for Psychodrama and Group Process, with the support of ASGPP, is actively working to collect outcome research in the areas of psychodrama, sociodrama, role playing and related methods. If you have a research project or know of one that you believe should be considered, contact Tom Schramski at TCPGP, 927 N. 10th Avenue, Tucson, Arizona 85705, Tel. (602) 882-0090. The final collection of research abstracts will be made available to all interested members.

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Edited by David A. Kipper, Ph.D. & James M. Sacks, Ph.D.

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