

AN ANALOGUE STUDY OF CATHARSIS AND VERIDICALITY
IN PSYCHODRAMA
WITH THE USE OF VIDEO

by

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ABSTRACT

Controlled research in the area of psychodrama is very rare. Though its proponents state that it is an effective technique and produces real personality change, they have based their views primarily on subjective experiences. As things now stand, any researcher cannot assume even the basic postulates of psychodrama as given. The present study was designed to investigate two of these: 1. that catharsis and veridicality are experienced more readily through the enactment of life situations than through their recall (Method), and 2. that catharsis and veridicality are experienced more readily when kinesthetic involvement is incorporated along with verbal and affective expression than when kinesthesia is not focused upon (Mode). On the basis of psychodramatic theory it was predicted that the enactment and verbal plus kinesthetic conditions would be rated significantly higher than the recall and verbal conditions. Another hypothesis of the experiment was that there would be more observable behavior in the conditions which focused upon kinesthetic plus verbal freedom than in those which had verbal freedom.

The Subjects were 48 single female undergraduates enrolled in courses in the Faculty of Education. They were divided into four ex-

perimental conditions of 12 Subjects each: 1. Verbal Enactment (VE); 2. Verbal + Kinesthetic Enactment (VKE); 3. Verbal Recall (VR); and 4. Verbal + Kinesthetic Recall (VKR).

Each Subject went through five warm-up exercises and three life-situation items then evaluated her experience on a Self-Rating Scale which measured catharsis and veridicality. The last life-situation item of each Subject was videotaped and evaluated by five clinical psychologists on a Clinical Rating Scale of the same constructs. Lastly, five graduate students in the Department of Behavioral Science Foundations and Communication Studies rated one-minute segments of the tapes of each Subject on a Behavioral Rating Scale measuring eight categories of behaviors according to the frequency of emission.

Analysis of the self-rating scores showed that, as predicted, the Subjects rated the conditions of kinesthetic involvement as significantly more favorable for catharsis. Contrary to expectation, there was no significant difference in the evaluations of catharsis for the Method (enactment vs. recall) and there were no significant differences in the evaluation for either Method or Mode (verbal vs. verbal + kinesthetic focus) on veridicality.

Analysis of the clinical evaluations showed that the clinicians found the recalled conditions significantly more favorable for the experience of veridicality than the enacted conditions. There were significant interactions between Method and Mode in the ratings of both catharsis and veridicality. Catharsis tended to be rated higher in the evaluations of recall and verbal plus kinesthetic conditions.

Finally, analysis of the behavioral ratings supported the pre-

diction of greater frequency of behaviors in the verbal + kinesthetic than the verbal conditions.

The results were discussed with reference to experimental and theoretical considerations. Variations from orthodox procedures, perceptual sets, and possible masking effects were proposed as contributory to the findings.

The ratings of the behavioral judges were hypothesized as being related to the experience of catharsis in the Subjects. It was suggested that 'more behaviors carry more messages'. The area of non-verbal communication research was proposed as a fertile focus of study for the consideration of the transmission of meaning and the mechanism of change in psychodrama. Finally, it was stated that on the basis of the present findings and scarce past experimentation it could be said with some caution that Moreno's theory relative to veridicality was questionable and relative to catharsis had some validity. Clearly, much more research would be required.

To my mother and father,
my patient husband Peter,
and all the loving people I have known.

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CHAPTER I

INTRODUCTION

Psychotherapy as a discipline distinct from medicine or mysticism is a relatively current phenomenon. Its modern origins are traced to the seminal works of Sigmund Freud in the late nineteenth century, yet Robert Harper in his book Psychoanalysis and Psychotherapy (1959) describes no less than thirty-six different systems of therapy--and that is not a complete account of the numbers of forms which have arisen in less than one hundred years. Each of these systems is based on a different view of the nature of man and the kind of intervention that its originators felt was most beneficial in changing the behavior of men so that they could better deal with their personal circumstances.

One such system is called Psychodrama. Its founder, Dr. J. L. Moreno, defined it thusly:

Drama is a transliteration of the Greek δραμα which means action or a thing done. Psychodrama is a transliteration of a thing done to and with the psyche. (Moreno, 1964)

The General Orientation of Psychodrama

Although nurtured in the same milieu as Sigmund Freud, Moreno perceived therapy, especially as practiced by Freud, as primarily verbal and therefore inadequate. He believed that complete expressions of personality were not permitted because he viewed the repertoire of human acts and experiences to be affective, active, and intellectual, and felt the verbal therapies focused on expression of only the affective and intellectual aspects. He strongly believed that action was and is a very important part of both daily communications and therapy. Cultural anthropologist, Edward Hall, would support this belief. Ac-

According to Hall (1959) the major portions of the message systems employed by men rely upon extra-linguistic communication. This vast area of human expression had not been dealt with in any conceptual therapeutic framework until the advent of psychodrama. The development of psychodrama was an attempt to encompass the entire repertoire of human expression in a milieu as close as possible to the actual situation which the individual had experienced or could anticipate experiencing. As a general principle, psychodrama was proposed to be different from other therapeutic systems in practice because it was constructed for the spontaneous acting out of subjectively real situations in the belief that catharsis occurred more quickly because the individual was led to function at cognitive, affective, and behavioral levels simultaneously.

The chief value of psychodrama, according to its proponents, is that it takes place in a setting that approximates most closely the problem-producing situations of life. As problems appear, they are dealt with on the spot, and the solutions are extended to significant people and situations in the outer world. Psychodramatists contend that irrational and compulsive patterns are more readily seen and treated in the situation which involves action rather than just conversation. Distortions of reality by the patients become quickly apparent and can be dealt with in the interpersonal relationships in which they arise. Thus it is held, psychodrama goes beyond theoretical insight and provides corrective emotional experience. (Harper, 1959, p. 131)

The Primary Intra- and Extra-Personal Postulates of Psychodrama

"Warming-Up," "Spontaneity," "Creativity," and "Cultural Conserve" are considered by Moreno to be the most important dynamic constructs in his theory of man. He views them as flexible positive principles. In his article entitled "Theory of spontaneity-creativity" he states: "Applied to social phenomena, they made clear that human beings do not

behave like automatons but are endowed with initiative and autonomy" (Moreno, 1956).

What this seems to mean is that Moreno views man in an optimistic framework. This can best be clarified by comparison with Freud's notion of the id, for Freud viewed the id as a completely irrational source of impulses which the other aspects of the personality, the superego and ego, were forced to keep continually in check. Freud believed these urges to be anarchic and obviously undesirable. Freud's basic framework, then, was pessimistic. He believed that man was not a "noble savage" but simply a "savage," a slave to urges of a base nature.

Moreno's theory contains no such notions. He does not see man as determined by a base psychic structure but as free to create in his world. He does propose, however, that this freedom, this ability to take the initiative in situations, to form new relations with persons or things, can be found in varying degrees in different individuals. Its presence or absence is noticeable, according to Moreno, as human actions progress. Conceptually, the order in which an individual engages in every act is from warm-up (the orientation toward an act) and spontaneity (" . . . the variable degree of adequate response to a situation of a variable degree of novelty" (Moreno, 1956), to creativity (novel and progressive action), to cultural conserve (" . . . anything that preserves the values of a culture" Bischof, 1964).

The first three of these are intra-personal capacities, the fourth is extra-personal. Each carries the notion of a qualitative

range from satisfactory to unsatisfactory expression.

Whenever an individual is faced with a situation to which he must respond he does so, according to Moreno, by using physical and mental "starters." This is a warming-up. Certain muscles may tighten, certain ideation may occur. Men prepare to act. The length of time required and the kind of focus toward the situation are qualitative considerations.

Spontaneity is a more difficult concept to delineate. Moreno speaks of it as an hypothetical catalyst to creativity and defines it as ". . . the factor animating all psychic phenomena to appear new, fresh, and flexible" (Moreno, 1964). But frequently he defines it by what it is not--such as not being stereotypy. The environment in which spontaneity is purported to occur is one with some unpredictability. In this case, the qualitative factors are adequacy and novelty.

Creativity is also an hypothetical and fairly nebulous concept. It is related to the total matrix of the creation. It is a process rather than a product and its base is the being of the creator. One example that Moreno (1964) gives is that of Beethoven creating the Ninth Symphony. The entire background to the completed symphony is considered part of the creation; the entire process before the finish of the symphony is an expression of creativity. The symphony itself is the end product, the completed act, the cultural conserve.

But creativity need not result in cultural conserves, for another type--spontaneous creativity--is related to meeting immediate needs. Conservable creativity does not always necessarily do so.

The crux of creativity to Moreno is not that one discovers anything that man has never known before or that has never to man's knowledge ever existed before, but that in most cases a new relationship has been created which did not exist before. (Bischof, 1964)

Cultural conserves, on the other hand, are extra-personal, societal legacies which individuals can use or propagate. Articles such as books, forms such as Gothic architecture, roles such as prince, are all examples of cultural conserves. They no longer reflect much spontaneity but become rather fixed and assume an almost sacred quality. They become axiomatic and unquestioned. They are the tools of cultural continuity. Moreno differentiates three forms: 1. burned-out conserves--creations which no longer inspire new acts; 2. inflammable conserves--creations which inspire devotees; 3. eternalized conserves--creations which ". . . arouse new enthusiasms, and have the freshness and appeal and vitality to meet current situations" (Bischof, 1964). The forms which the individual uses and the frequency of relying on them are the qualitative aspects which Moreno would consider in judging the expression of the individual.

The Primary Interpersonal Postulates of Psychodrama

There is a trilogy of constructs which serves to describe behavior at the interpersonal level. These are "Atom," "Tele," and "Role."

"Atoms" are structural units and may be social or cultural. Basically it would seem that they are the lowest common denominators in human relationships. According to Moreno's prescription they are without any evaluatory aspect and simply describe the meeting of two individuals with the attributes they possess. Social atoms are con-

sidered to be the patterns of intimate friends and enemies. Cultural atoms are defined as "The pattern(s) of role relations around an individual as their focus" (Moreno, 1964).

The process of action between individuals is based on what Moreno calls "Tele." Here positive and negative feelings arise in reciprocal relationships.

Tele is the fundamental factor underlying our perception of others. We see them, not as they are; nor yet as we are; but as they are in relation to ourselves. (Moreno, 1956)

Unlike transference which is purported by Freud to be based on unreal perceptions, tele is based on ". . . certain realities which this other person embodies and represents" (Moreno, 1964).

"Role" seems most important of these three constructs. Moreno defines it as ". . . the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved" (Moreno, 1964). Three forms of role are hypothesized--physical, psychological, and social. The physical roles a person assumes are those such as eater and sleeper. They antecede language development but still contribute to the development of the self-concept. Psychological roles are imaginary concoctions such as spirits or gods. Social roles are patterns of behavior and expectations such as father or teacher. Moreno believes that the self or ego develops as a person learns roles of these three types and integrates them (establishes operational links): "We consider roles and relationships between roles as the most significant development within any specific culture" (Moreno, 1943).

Not only are roles the most significant development within any

culture, but they are the most significant aspect within Moreno's theory. Their formulation propagates a conceptualization of man as a social being interacting within his world rather than merely acted upon. It describes man in relation to other men. And it provides the focus for the other constructs of the theory and for the techniques of psychodrama.

The Functions of Psychodrama

Moreno theorizes that through the analysis of the range and quality of the roles that a man enacts one can determine the effectiveness of his interactions. Strengths, weaknesses, habit patterns, would manifest themselves. The quality of the individual's warming-up, spontaneity, creativity, and use of cultural conserves could all be judged. All these would be aspects of the diagnostic function of psychodramatic role enactment.

But Moreno feels that the range of possibilities for the application of psychodrama is broader, for he also sees it as a powerful method for education, re-education, and therapy. The chief value of psychodramatic procedures in these cases is the provision of an environment which does not contain the threats inherent in the "real world". There is no failure. Individuals can go through enactments time after time until a personally and/or clinically satisfactory level is reached.

Education by means of psychodrama would entail the learning of new forms of behavior. Training could, for example, deal with mentally retarded youths about to seek employment. Through role playing they could learn how to handle such mundane but important interac-

tions as applying for a job. Questions, procedures, difficulties, could be anticipated and practiced being dealt with until the individuals felt confident in the role of job applicant and could deal effectively with the situation.

Re-education through psychodrama would be the learning of more satisfactory forms of old roles. The individual who, for example, cannot cope with an aged parent's demands in a mutually satisfying way could attempt to develop new methods of coping without the attendant guilt or perhaps hurt which might accompany abortive attempts at the real situation. Corsini (1966) cites a case in which a patient's behavior in the role playing enactment of this kind of problem started as obsequious and frightened. The patient then attempted the novel approach to dealing with his parent's ranting. He left the room. When he was confronted in reality by his father he used the same technique and found it to be successful. His father's behavior changed and the relations became more satisfactory.

Lastly, psychodramatic techniques could be used therapeutically in allowing the acting out of personally troubling situations or problems with the end of "mental catharsis" ("... from the Greek, it means purging, purification" [Moreno, 1964]). Another case which Corsini (1966) cites is of a man who sexually molested a child. After several role playing attempts at standing up to his father, whom he purported to have loved dearly, he suddenly physically attacked the auxiliary ego playing the part of the father and then collapsed into hysterics. In the subsequent session he was able to come to the realization of his deep resentment against his father, his joy at his

death, and his need for self-punishment (through becoming imprisoned) because of that joy.

The Vehicles of Psychodrama

Moreno has devised many techniques to facilitate diagnosis, education, re-education, and therapy. They include such exercises as reversing roles with others with whom one is engaged in interaction and enacting dreams.

These techniques are generally utilized in a setting which is composed of a stage, a director, a protagonist, auxiliary ego(s), and an audience. The primary physical vehicle is the stage.

The director is the trained professional who, as the term implies, organizes and focuses the enactments. The protagonist or hero is the individual who is the focus of the session. The auxiliary egos are individuals who take the roles of the important others or of the protagonist in the enactments. The audience originally consisted of individuals who had come to watch the psychodrama, but the notion has broadened to include, for example, the members of the therapy group.

The Current Relevance of Psychodrama

Moreno's work seems to have had real impact upon the course of development of therapeutic procedures, especially in America, in this last half century. He pioneered in the use of actional techniques and in the treatment of persons in groups. One need only consider the proliferation and use of these approaches in such as gestalt therapy, sensitivity training, even group psychoanalysis, to determine just how much effect these innovations have had. The consideration of his

work was and is relevant because it has addressed itself to the resolution of the greatest needs which men of this century experience: to act-hunger (to borrow Moreno's term) and to interact hunger.

Act-hunger means that men need to feel as if they relate to their world. Men need to feel as if they have some discernible effect upon their lives. These are poignant needs in our age of giant technologies, bureaucracies, and cities, which seem to any man all but incomprehensible and uncontrollable. With conserves changing daily and spontaneity turning living into an unpredictable pattern, men become as T.S.Eliot describes them:

We are the hollow men
 We are the stuffed men
 Leaning together
 Headpieces filled with straw. Alas!
 Our dried voices, when
 We whisper together
 Are quiet and meaningless
 As wind in dry grass
 Or rats' feet over broken glass
 In our dry cellar

Shape without form, shade without colour,
 Paralysed force, gesture without motion.
 (Eliot, 1960)

Interact hunger is man's need for other men. He is a social being who, according to Moreno, requires other men in order to exist. Books such as Man Alone emphasize, however, that interpersonal estrangement is another difficulty of our age:

Modern man, alienated from nature, from his gods, and from society, in an increasingly atomized and depersonalized world, too often is unable to achieve an identity and a relatedness to others. (Josephson & Josephson, Eds., 1962)

Cultural apathy is reflected in interpersonal apathy. The limits of role privileges and expectations are blurring, social and cultural

atoms are disintegrating. Losing the ability to integrate themselves with their world, men lose the ability to integrate themselves with each other. The aim of psychodrama was and is to provide a sheltered environment in which individuals can learn how to free themselves from psychic bonds and re-learn how to act and interact spontaneously and creatively.

CHAPTER II

REVIEW OF PSYCHODRAMATIC LITERATURE

Pragmatically, contemporary proponents of psychodrama state that it is a worthwhile therapeutic technique. They feel that it is more effective than any other method, which appears to mean that individual problems are more readily focused upon with catharsis occurring more quickly as the individual is led to function in a veridical situation at cognitive, affective and behavioral levels at the same time.

This "effectiveness" has seldom been experimentally tested, yet theorists such as Gerald Lawlor (1947) state that except when anxiety is too great

. . . role therapy should be tried first, it having the advantage of being simpler, shorter, paralleling more closely real life situations and having a more direct carry-over into real life. In addition, changes that occur in role therapy are more apt to be reflected in changes in life adjustment than changes that occur in the artificial, protected, therapeutic environment of the analytic chamber.

Not that there is any dearth of articles relating to psychodrama. On the contrary, there is an abundance of literature showing that its authors favour psychodrama. It has been reported as valuable in alleviating symptoms of acute psychosomatic syndrome (Ackerman & Ackerman, 1962); in diagnosis and communication with schizophrenics (Bour, 1962); as a training device for multiply-handicapped youths (Brandzel, 1963); in initiating "reality appreciation" in sexual deviates (Bromberg and Franklin, 1952). Corsini (1951) found psychodrama ". . . effective in penetrating surface feeling" when working with prison inmates, and Eliasoph (1955a) concluded that drug addicts

gained in awareness, fuller expression of feelings, and freer interaction through the use of psychodrama. Psychodrama has also been used as a therapeutic and training technique with disturbed adolescents (Parrish, 1961); student nurses (Fein, 1963 ; Stein, 1961); students (Fein, 1962; Well, 1962); delinquents (Ablesser, 1962); children (Blake, 1955 ; Verven & Young, 1956); and alcoholics (Weiner, 1965).

Generally, articles related to psychodrama fall into the following categories: 1. theoretical and didactic, such as "Role theory and the emergence of the self" (Moreno, 1962); 2. technical, such as "The re-acting barrier in psychodrama settings" (Robbins, 1968); 3. anecdotal, such as "Treating the alcoholic with psychodrama" (Weiner, 1965); and 4. experimental, such as " A validation study of a psychodramatic group experience; A preliminary survey" (Deane & Marshall, 1965).

Almost entirely, however, the nature of the majority of articles is anecdotal and propagandistic. Most conclusions as to the effectiveness of psychodrama have been based on subjective experience. In 1959, Krasner surveyed the literature on role theory and role taking and found ". . . that only a very small percentage fell into the category of controlled research" and that they ". . . barely scratched the surface of investigating role taking as a therapeutic technique."

There have been some studies worthy of note. Solomon & Solomon (1970) investigated the use of psychodrama as an ancillary therapy on a psychiatric ward. Patients were evaluated 1. by psychiatric residents for Insight, Affective Expression, Contact with Reality,

Social Functioning, Sexual Identification, the Introduction of New Material, and Other; and 2. on the basis of process notes of the sessions for affective, relational, and social role behavior. Results indicated that ". . . psychodrama was most useful therapeutically, of slightly less diagnostic significance, and of least value as an indicator of prognosis" in the patients studied.

Slawson (1965) found ". . . that whatever changes may occur as a result of psychodrama experience, they are not, under the conditions described, subject to MMPI verification." He too, worked with hospitalized patients. The basis for his conclusion was the MMPI scores of patients at their entrance into the hospital and at discharge. He matched a control group with the experimental psychodramatic group on the MMPI at admission and compared changes between the two groups at discharge. Several questions remained unanswered in the reading of Slawson's report, however. He does not state the number of psychodramatic sessions, the treatments which control (or for that matter, experimental) subjects received aside from psychodrama, or how or on what variables the groups were matched, or other factors which may have confounded his study.

Harrow (1951) studied 20 patients diagnosed as schizophrenic. She compared their Rorschach test scores before and after twenty-five sessions of psychodrama and found ". . . that psychodrama seemed to affect fundamental personality processes and potentially led to personality integration."

The articles above evaluate the general system called psychodrama, but there is a real scarcity of objective work investigating

the suppositions of psychodrama.

Kreitler & Kreitler (1968) attempted to determine if psychodramatic behavior compared with daily behavior. They reasoned that if it did, psychodrama could be used diagnostically, as Moreno hypothesized, and as a research technique. They used 25 randomly selected inpatients of the Beer-Yaakov State Mental Hospital, and rated performances on thirty-one items related to performance, social, work, emotional, biological, and pathological behaviors. "The high level of concordance, reaching well beyond chance expectation, between the BI's [Behavioral items] derived from psychodramatic behavior and the BI's derived from staff observations supplies an important proof for the concurrent validity of psychodrama."

Weinstein, Wiley & DeV Vaughn (1966) found that they, too, could identify significant components of interpersonal style in the enactment of roles. The significant difference of their study was that they used college students rather than hospitalized patients. Evaluation was by the researchers on a rating scale containing such dimensions as "Support vs. Support Seeking" and "Interdependence vs. Autonomy".

Considering other suppositions, Elms (1966) and Johnson (1971) found that role enactors reversing role had greater attitude change than listeners, and Mann (1960) concluded that there was a relation between role-playing ability and interpersonal adjustment. "Evidence was also obtained for a relationship between change in role-playing ability and change in interpersonal adjustment."

The Present Study

It seems obvious from the dearth of experimentally controlled studies that any further research cannot assume even the basic postulates of psychodrama to be given.

The assumption that psychodramatic behavior is like real behavior has received some consideration, but the effect of psychodramatic behavior in terms of the mechanisms purported to be operative has never been dealt with. The proposed aim of this study is to test the effects of two component aspects of psychodrama, the inclusion of action and re-enactment of life-like situations, on the experience of what is proposed to be a characteristic of psychodrama, veridicality, and on a proposed result of psychodrama, catharsis.

Catharsis is defined for the purpose of this study as satisfaction with the quality of personal expression. Veridicality is defined as the experience of subjective reality.

The aim of this study is to test explicitly the assumptions:

- 1.) that catharsis and veridicality are experienced more readily through the enactment of life-like situations than through their recall. (Enactment and recall are termed the Methods in this study.)
- 2.) that catharsis and veridicality are experienced more readily when kinesthetic involvement is focused upon along with verbal and affective expression than when the focus is purely verbal and affective. (Verbal and verbal plus kinesthetic foci are termed the Modes in this study.)

Therefore, it is hypothesized, to test these assumptions, that:

In comparison to recalled life-situation items, the enacted items will be rated significantly higher on catharsis and veridicality as measured subjectively.

In comparison to recalled life-situation items, the enacted items will be rated significantly higher on catharsis and veridicality as measured clinically.

In comparison to verbal reproduction of life-situation items, the verbal plus kinesthetic reproduction will be rated significantly higher on catharsis and veridicality as measured subjectively.

In comparison to verbal reproduction of life-situation items, the verbal plus kinesthetic reproduction will be rated significantly higher on catharsis and veridicality as measured clinically.

One other hypothesis is proposed. If instructions focusing upon kinesthetic plus verbal freedom have effects upon the subjects, if they do indeed produce a different kind of therapy, then there should be a discernible difference in behavior between the verbal plus kinesthetic and the verbal conditions. It is thus hypothesized that:

In comparison to verbal reproductions of life situation items, the verbal plus kinesthetic reproductions will be rated significantly higher in observable behaviors emitted as measured behaviorally.

CHAPTER III

METHOD

SUBJECTS

The Subjects were 48 single female undergraduates enrolled in courses in the Faculty of Education at Simon Fraser University in the May-August trimester, 1972. The age range was from 18 - 25 years with the median age 20 years and the mean age 20.6 years. The Subjects volunteered to take part in the experiment and were paid one dollar for the half hour session. Subjects who had had extensive or intensive therapeutic experiences such as ongoing therapy or weekend marathon sessions were excluded.

JUDGES

Clinical:

The clinical judges were 5 practicing clinical psychologists with Master's degrees and at least two years current experience as therapists. There were two female and three male judges, all of whom volunteered to evaluate the qualitative aspects of the Subjects' performances relative to catharsis and veridicality, and all of whom were blind as to the nature of the study.

Behavioral:

The behavioral judges were 5 graduate students in the Department of Behavioral Science Foundations and Communication Studies at Simon Fraser University. There were two female and three male judges, all of whom volunteered to evaluate aspects of the Subjects' performances relative to behaviors emitted. These judges were also blind as to the nature of the study.

APPARATUS

Experimental Subjects:

The experimental room was approximately 20 feet by 18 feet, with green wall-to-wall carpeting. It was windowless except for a one-way glass through which the Experimenter viewed the experiment. A Sony Videocorder Model EV-320 was used with a Philips camera fitted with a Canon TV 16 25-100mm 1:1.8 zoom lens. Instructions for the exercises were played into the experimental room on a Sony Stereo tape recorder Model TC-540.

The room contained two tables: one 50" x 30" x 30" and the second 72" x 36" x 30". There were also four black leatherette armchairs and four straight-backed black leatherette chairs. For illustration of the experimental laboratory see Figure 1.

Clinicians and Behavioral Judges:

Videotapes of the experiment were evaluated by the clinical and behavioral judges on an Electrohome Model EETV monitor fed by a Model EV-320 Sony Videocorder.

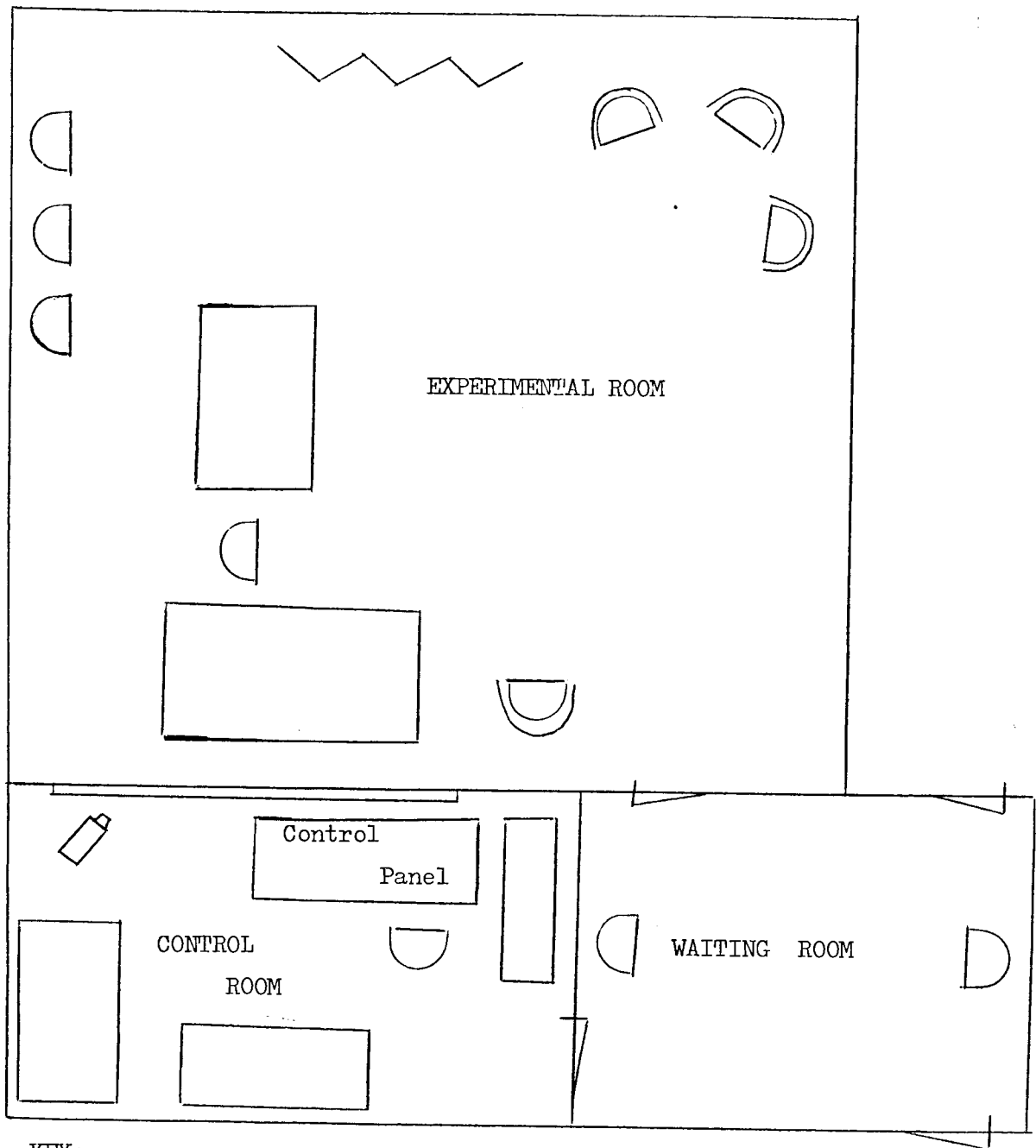
PROCEDURE

Experimental Subjects:

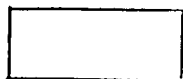
The Subjects were tested individually. Each Subject was shown into the experimental room and asked to sit down. The Experimenter then read the preliminary instructions (See Appendix A) and entered the control room to play the taped instructions for the experimental exercise and film the last life-situation item for judging.

There were four experimental groups. Group 1 - Verbal Enactment (VE) received instructions to enact the warm-up procedures and life-

Figure 1: Diagram of the experimental laboratory: Scale 1"=4'.



KEY:



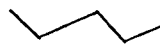
- Table



- Straight chair



- - - Arm chair



- Folding screen



- Camera



- Doorway

situation items but no emphasis was placed on kinesthetic freedom. Group 2 - Verbal plus Kinesthetic Enactment (VKE) received instructions to enact the warm-up and life-situation items and emphasis was placed upon kinesthetic freedom. Group 3 - Verbal Recall (VR) received instructions to imagine the warm-up items and to recall the life-situation items. No mention was made of kinesthetic freedom or inhibition. Group 4 - Verbal plus Kinesthetic Recall (VKR) received instructions to imagine the warm-up items and to recall the life-situation items and emphasis was placed upon kinesthetic freedom. For a schematic representation of the design see Figure 2. For the instructions, warm-up exercises, and life-situation items see Appendix A.

The warm-up for Groups 1-VE and 2-VKE included the exercise:

Show how you lift a heavy suitcase and carry it from one place to another.

The corresponding imaginal exercise for Groups 3-VR and 4-VKR was:

Imagine yourself lifting a heavy suitcase and carrying it from one place to another.

One life situation item for Groups 1-VE and 2-VKE was:

You've been dating a guy for several months. He really likes you and you know this but you've decided to break off with him. You're going to tell him now. Where are you? _____ Describe the place. _____ Set up the furniture in the room that you're in to approximate it. Tell him now. Start by addressing him and carry on the conversation. He will certainly ask you for your reasons and you will tell him.

The corresponding life-situation item for Groups 3-VR and Group 4-VKR was:

You'd been dating a guy for several months. He really liked you and you knew this but you'd decided to break off with him. You'd told him so in a conversation with him. He'd asked you all about your reasons and you'd told him. Now I'd like you to describe what happened and your feelings at the time to a friend who you really trust. Imagine that this person is there in the room with you.

Preparation of Videotapes:

The last life-situation item with which each Subject dealt was videotaped in its entirety.

In order to provide equivalent segments for the behavioral ratings, the tapes were edited to one minute bits for each Subject. The first thirty seconds and the last thirty seconds of each taped item was transferred onto a new tape.

Clinical Judges:

The clinical judges viewed a sample tape segment to familiarize themselves with the kind of material they were asked to evaluate and with the scale they used. They then viewed the videotape of the last life-situation item either individually or in pairs. Each judge viewed the tapes in two sessions with approximately half the Subjects being shown each time. The order of presentation was randomized to counter-balance any order effect.

Behavioral Judges:

The behavioral judges viewed videotapes of the same last life-situation items which had been edited to one minute segments for each Subject. These judges also viewed individually or in pairs and each judge watched the same one minute segment three times in a row in order to evaluate the different behavioral aspects of it. These judges also generally required two sittings to complete the evalua-

	VERBAL	VERBAL + KINESTHETIC
ENACTMENT	GROUP 1 - VE	GROUP 2 - VKE
RECALL	GROUP 3 - VR	GROUP 4 - VKR

Figure 2: Schematic representation of the experimental categories.

tions.

TEST MATERIALS

Experimental Subjects:

A Self-Rating Scale (see Appendix B) was administered to each Subject at the end of the experimental session. The scale consisted of twenty statements relating to her experience of catharsis and veridicality as well as anxiety in the experiment which she rated on a six-point scale modelled after Barrett-Leonard. The responses to sixteen of the statements were used in the present study. The other four items related to test anxiety, not related conceptually to the experiment, and consequently disregarded in the scope of the present study.

The following are two of the statements used:

I am satisfied that I expressed myself. (To test catharsis)
I could relate easily to the situation. (To test veridicality)

This scale was designed by the Experimenter to evaluate the constructs of catharsis and veridicality as operationally defined in this study. Catharsis was defined as satisfaction with the quality of personal expression and veridicality was defined as the experience of subjective reality in the experiment. The scale statements were designed as being relative to these constructs in both positive and negative directions. The evaluation of the measure was on face validity initially, but it was necessary to construct a new test for this study because none existed which dealt with catharsis or veridicality.

Clinical Judges:

A Clinical Rating Scale (see Appendix B) was used by these judges to evaluate each Subject as to catharsis and veridicality as well as test anxiety. It consisted of ten statements relating to the quality of each experimental production. Each statement was rated on the same six-point scale which the Subjects used. The responses to eight of the statements were used in the experimental analysis. As with the Subjects' responses related to anxiety, it was felt that those items rated as related to anxiety by the clinical judges were not conceptually linked to the experiment's hypotheses and they were thus also disregarded in this work.

The following were two of the statements utilized:

The Subject seemed to be emotionally involved. (To test catharsis)

The way she expressed herself seemed somehow unnatural to her. (To test veridicality)

This scale was designed by the Experimenter to evaluate the constructs of catharsis and veridicality from professional therapeutic points of view. It, too, was constructed for this study because no other adequate measure existed. The statements were derived from those of the two factors which were isolated in the responses of the Subjects to the Self-Rating Scale.

Behavioral Judges:

A Behavioral Rating Scale (see Appendix B) was used by these judges to evaluate the frequency of production of behavioral units emitted by each Subject. Seven categories were employed and were all inclusive as far as behavioral observability. "Walks" and "Moves Arm or Hand" are two examples. Each completed act was rated as one

"behavior" and more gross "behaviors" were precedent over finer ones.

This scale was designed by the Experimenter to evaluate instructional effects relative to the fifth hypothesis that verbal plus kinesthetic conditions would be rated significantly higher in frequency of observable behaviors emitted than purely verbal conditions.

EXPERIMENTAL DESIGN

Experimental Subjects:

Since the Self-Rating Scale was constructed specifically for this study on the basis of face validity and had not hitherto been tested, the ratings of the statements considered to be related to catharsis and veridicality were tested to determine the actual factors being responded to. This was done by means of a principal components factor analysis (as described by Harman, 1960).

Two by two analyses of variance (as described by Winer, 1962) were applied to the ratings by the Subjects on each of the two factors, named catharsis and veridicality, which the factor analysis of the Subjects' responses indicated as actual discrete units in the scale.

Clinical Judges:

The Clinical Rating Scale was also previously untested, although it was composed on the basis of the statements of the Self-Rating Scale which differentiated between the factors of catharsis and veridicality. Consequently, the ratings by the clinical judges were also subjected to a principal components factor analysis. (Harman, 1960).

Inter judge correlations for the clinical judges were determined (as described by Bruning and Kintz, 1968) in order to test rater re-

liability.

Finally, two by two analyses of variance (Winer, 1962) were applied to each of the two factors, catharsis and veridicality, which the factor analysis of the clinicians' ratings indicated as discrete units.

Behavioral Judges:

Inter judge correlations were also determined for the behavioral judges (Bruning & Kintz, 1968) to test the reliability of the ratings.

Two by two analysis of variance (Winer, 1962) was applied to the total score of the ratings by the behavioral judges.

CHAPTER IV

RESULTS

Self-Ratings:

A principle components analysis of the responses of the Subjects on the Self-Rating Scale indicated that two factors accounted for 56% of the variability within the scale. Inclusion of additional factors contributed only insignificant increases in the percentage of variability accounted for. The results of the factor analysis are to be found in Table 1.

Two by two analyses of variance were applied to the ratings by the Subjects on the two factors, called catharsis and veridicality. Table 2 presents the results of the analyses. As predicted, the verbal plus kinesthetic conditions were rated significantly higher on catharsis than the verbal conditions ($F=3.943, df=1, p<.05$). Contrary to expectation, there was no significant difference in catharsis in Method (enactment vs. recall). The means of the ratings by the Subjects for catharsis in the four Groups were: Group 1-VE = 12.17; Group 2-VKE = 16.92; Group 3-VR = 10.58; and Group 4-VKR = 19.83.

Also unexpectedly, there were no significant differences in either Method (enactment vs. recall) or Mode (Verbal vs. verbal plus kinesthetic focus) on veridicality. The means of the ratings by the Subjects for veridicality were: Group 1-VE = 2.25; Group 2-VKE = 3.75; Group 3-VR = 1.25; and Group 4-VKR = 3.50.

In summary, the results in relation to the hypotheses were:

1. The hypothesis that enacted life situations would evoke greater catharsis and veridicality was not supported.

TABLE 1

Summary of Factor Analysis of Self-Rating Scale

Factor I - Catharsis

Item no.	1	2	3	4	6	8	9	10	11	14	15	16
Loading	+	-	+	-	-	-	-	+	-	+	-	+
Weight	.678	.698	.203	.814	.588	.778	.630	.782	.684	.730	.817	.868

Factor II - Veridicality

Item no.	3	5	7	12	13
Loading	+	+	-	+	+
Weight	.266	.557	.654	.604	.607

(For item statements see Appendix B)

TABLE 2

Summaries of Analyses of Variance Applied to Factored Scores
of Self-Rating Scale Classified by Method and Mode

Factor I - Catharsis

Source	MS	df	F	p
Total	153.516	47		
Between	218.027	3		
Method	5.332	1	0.036	0.845
Mode	587.997	1	3.943*	0.051
Method x Mode	60.753	1	0.407	0.534
Within	149.117	44		

Factor II - Veridicality

Source	MS	df	F	p
Total	24.787	47		
Between	14.854	3		
Method	3.521	1	0.138	0.713
Mode	38.521	1	1.513	0.223
Method x Mode	2.521	1	0.099	0.753
Within	25.464	44		

*-Significant

2. The hypothesis that verbally plus kinesthetically enacted and recalled situations would evoke greater catharsis than verbally enacted and recalled situations was supported while the supposition related to veridicality was not.

Clinical Ratings:

A principal components analysis of the responses of the clinical judges on the Clinical Rating Scale showed that two factors accounted for 82.5% of the variability within the test. The results of the factor analysis are to be found in Table 3.

Inter-judge correlations among the five judges were determined on the basis of their ratings. The correlations are presented in Table 4. The mean inter-judge correlations were .69 for catharsis and .56 for veridicality.

Two by two analyses of variance were applied to the two factors, catharsis and veridicality, of the clinical ratings. Table 5 presents the results of the analyses. It was found that the prediction that catharsis and veridicality would be rated higher in the enactment than the recall conditions was not supported. Veridicality was rated significantly higher in the recall conditions than in the enactment ($F=4.261, df=1, p<.04$). Catharsis also tended to be higher rated in the recall conditions ($F=2.726, df=1, p<.10$).

There was no significant difference in the ratings in veridicality between the verbal plus kinesthetic and the verbal conditions. Catharsis tended to be rated higher in the verbal plus kinesthetic than the verbal conditions, thus providing some support for the original hypothesis that it would be ($F=2.490, df=1, p<.11$).

TABLE 3
 Summary of Factor Analysis Applied to
 Scores on Clinical Rating Scale

Factor I - Catharsis

Item no.	1	2	4	5	6	7
Loading	+	+	+	-	-	-
Weight	.853	.798	.789	.842	.786	.804

Factor II - Veridicality

Item no.	3	8
Loading	-	+
Weight	.892	.863

(For item statements see Appendix B)

TABLE 4
Summary of Inter-Judge Correlation of
Clinical Judges on Factors

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5
Factor I Catharsis	.714	.730	.615	.691	.709
Factor II Veridicality	.579	.467	.567	.535	.638

TABLE 5
 Summaries of Analyses of Variance Applied to Factored Scores
 of Clinical Rating Scale Classified by Method and Mode

Factor I - Catharsis

Source	MS	df	F	p
Total	1465.233	47		
Between	4478.164	3		
Method	3434.081	1	2.726	0.102
Mode	3136.334	1	2.490	0.118
Method x Mode	6864.074	1	5.449*	0.023
Within	1259.807	44		

Factor II - Veridicality

Source	MS	df	F	p
Total	105.176	47		
Between	242.362	3		
Method	408.334	1	4.261*	0.042
Mode	48.000	1	0.501	0.510
Method x Mode	270.753	1	2.826*	0.096
Within	95.822	44		

*-Significant

The means of the ratings by the clinical judges for catharsis were: Group 1-VE = -18.00; Group 2-VKE = 22.08; Group 3-VR = 26.17; and Group 4-VKR = 15.08. The means of the ratings by the clinical judges for veridicality were: Group 1-VE = 2.33; Group 2-VKE = 9.08; Group 3-VR = 12.92; and Group 4-VKR = 10.17.

There were significant interactions between Method and Mode on both catharsis ($F=5.449, df=1, p<.02$) and veridicality ($F=2.826, df=1, p<.09$). For schematic representation of the interactions see Figure 3.

In summary, the results in relation to the hypotheses were:

1. The hypothesis that enacted life-situations would evoke greater catharsis and veridicality than recalled life-situations was not supported. Veridicality was found to be significantly higher rated in the recalled conditions and catharsis also tended to be rated higher in the recalled than the enacted conditions.

2. The hypothesis that verbally plus kinesthetically enacted and recalled situations would evoke greater catharsis and veridicality than the verbally enacted and recalled situations was not supported. Catharsis did tend to be greater in the verbal plus kinesthetic than the verbal conditions, however.

3. Unexpectedly, there were significant interactions between Method and Mode for the ratings of both catharsis and veridicality.

Behavioral Ratings:

Inter-judge correlations were determined among the five behavioral judges on the basis of their ratings. Judge 5 had the lowest correlation with the ratings of the other four judges in all eight

scores. His evaluations were also disproportionately extreme in eighteen out of the forty-eight cases and it was felt that these evaluations would bias the analyses. Consequently, they were discarded. The inter-judge correlations for the ratings of the four judges on the eight behavioral categories evaluated are shown in Table 6.

A two by two analysis of variance was applied to the total frequency counts of the eight categories of the behavioral ratings. This is presented in Table 7. There were significant differences between the verbal and verbal plus kinesthetic conditions as predicted ($F=15.099, df=1, p<.001$). The group means of the ratings of the behavioral judges were: Group 1-VE =99.33; Group 2-VKE =140.17; Group 3-VR = 81.42; and Group 4-VKR = 115.25.

In summary, the results in relation to the hypothesis was:

1. The hypothesis that verbally plus kinesthetically enacted and recalled situations would evoke greater frequencies of behavior than verbally enacted and recalled situations was supported.

TABLE 6
 Summary of Inter-Judge Correlations of
 Behavioral Judges of Variables of
 Behavioral Rating Scale

Variable	Judge 1	Judge 2	Judge 3	Judge 4
1-"Gets Up"	.972	.972	.972	.918
2-"Walks"	.990	.991	.991	.986
3-"Sits Down"	1.000	1.000	1.000	1.000
4-"Shifts Posture"	.901	.917	.902	.907
5-"Moves Leg Or Foot"	.904	.887	.874	.885
6-"Moves Head"	.871	.876	.829	.832
7-"Moves Arm Or Hand "	.924	.916	.923	.885
8-"Total Movements"	.943	.934	.928	.919

TABLE 7

Summary of Analysis of Variance Applied to the "Total Movements"
of Behavioral Rating Scale Classified by Method and Mode

<u>"Total Movements"</u>				
<u>Source</u>	<u>MS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Total	1513.157	47		
Between	7458.953	3		
Method	5504.531	1	4.969*	0.029
Mode	16725.754	1	15.099*	0.001
Method x Mode	146.578	1	0.132	0.718
Within	1107.763	44		

*-Significant

CHAPTER V

SUMMARY AND DISCUSSION

The Hypotheses of the Present Study:

This study was designed to test five basic postulates related to psychodrama. It was hypothesized that:

- 1.) In comparison to recalled life-situation items, the enacted items will be rated significantly higher on catharsis and veridicality as measured subjectively.
- 2.) In comparison to recalled life-situation items, the enacted items will be rated significantly higher on catharsis and veridicality as measured clinically.
- 3.) In comparison to verbal reproduction of life-situation items, the verbal plus kinesthetic reproduction will be rated significantly higher on catharsis and veridicality as measured subjectively.
- 4.) In comparison to verbal reproduction of life-situation items, the verbal plus kinesthetic reproduction will be rated significantly higher on catharsis and veridicality as measured clinically.
- 5.) In comparison to verbal enactments and recalls of life-situation items, the verbal plus kinesthetic enactments and recalls will be rated significantly higher in observable behaviors emitted as measured behaviorally.

Summary of the Design:

The Subjects were 48 single female undergraduates enrolled in courses in the Faculty of Education. On the basis of the above hypotheses, they were randomly assigned to four experimental categories of 12 Subjects each: Group 1 - Verbal Enactment; Group 2 - Verbal + Kinesthetic Enactment; Group 3 - Verbal Recall; and Group 4 - Verbal + Kinesthetic Recall.

The Subjects evaluated their experiences relative to catharsis and veridicality in life-situation items on a self-rating scale. The

last life-situation item which each Subject was administered was videotaped, and the tapes were evaluated by five clinical psychologists on a Clinical Rating Scale measuring catharsis and veridicality. Lastly, five graduate students in the Department of Behavioral Science Foundations and Communication Studies rated one minute segments of the tapes of each Subject on a Behavioral Rating Scale measuring the frequency of observable emissions of behaviors.

Summary of Findings:

Factor analyses of the self-ratings and clinical ratings produced two distinct factors -- named catharsis and veridicality-- which accounted for 56% of the variability in the self-ratings and 82.5% of the variability in the clinical ratings.

Inter-judge correlations of the ratings of the clinical and behavioral judges were determined. The mean correlations of the clinical judges were .692 for catharsis and .557 for veridicality. The mean correlation of the behavioral judges was .931 for the total of behaviors emitted.

Hypotheses of the present study were both confirmed and unconfirmed. The hypotheses and results are summarized in Table 8. The findings that were according to prediction were as follows:

- 1.)The Subjects' own ratings showed catharsis to be higher when kinesthetic involvement was included than when it was not.
- 2.)The clinicians tended to rate catharsis higher in the verbal plus kinesthetic than the verbal conditions.
- 3.)The behavioral judges rated the verbal plus kinesthetic conditions higher than the verbal conditions in the numbers of behaviors

TABLE 8
Summary of Hypotheses and Results

CONDITION	FACTORS	
ENACTMENT vs. RECALL	CATHARSIS	VERIDICALITY
HYP. 1 - Subjects	Gr(1+2) Δ (3+4) or (E Δ R)	Gr(1+2) Δ (3+4) or (E Δ R)
Results	NO DIFFERENCE	NO DIFFERENCE
HYP. 2 - Clinicians	Gr(1+2) Δ (3+4) or (E Δ R)	Gr(1+2) Δ (3+4) or (E Δ R)
Results	OPPOSITE TREND	OPPOSITE
VERBAL vs. VERBAL + KINESTHETIC FOCUS	CATHARSIS	VERIDICALITY
HYP. 3 - Subjects	Gr(1+3) Δ (2+4) or (V Δ V+K)	Gr(1+3) Δ (2+4) or (V Δ V+K)
Results	SUPPORTED	NO DIFFERENCE
HYP. 4 - Clinicians	Gr(1+3) Δ (2+4) or (V Δ V+K)	Gr(1+3) Δ (2+4) or (V Δ V+K)
Results	SUPPORTIVE TREND	NO DIFFERENCE
VERBAL vs. VERBAL + KINESTHETIC FOCUS	BEHAVIORS EMITTED	
HYP. 5 - Behavioral Judges	(1+3) Δ (2+4) or (V Δ V+K)	
Results	SUPPORTED	

KEY: V = Verbal Cond. (Groups 1 + 3)
V+K = Verbal + Kinesthetic Cond.
(Groups 2 + 4)
E = Enactment Cond. (Groups 1 + 2)
R = Recall Cond. (Groups 3 + 4)

emitted.

Contrary to prediction:

1.) The Subjects did not rate their experience of catharsis higher in enactment than in recall.

2.) They did not report experiencing veridicality more readily in the verbal plus kinesthetic than the verbal conditions or in the enacted compared to the recalled conditions.

3.) The clinical judges, in opposition to the predicted direction, rated veridicality significantly higher in the recall than the enactment conditions.

4.) Their ratings of veridicality did not show any difference between the verbal and verbal plus kinesthetic conditions.

5.) The clinicians' ratings showed a trend toward higher evaluation of catharsis in the recall than the enactment conditions.

6.) Their ratings of both catharsis and veridicality showed significant interactions between Method and Mode.

The Findings Relative to Catharsis:

A.) The Self-Ratings:

On the basis of the self-ratings it would seem that for the Subjects the Method of expression is not so important as the Mode. Despite necessary experimental constraints, they reported experiencing significantly more catharsis in those conditions which included verbal plus kinesthetic freedom than in those which were purely verbal. (See Table 2) It would seem, then, that this finding is an important one in terms of therapeutic practice, for the fact that the individual enacted or recalled seems to have had little significance.

Part of the explanation for the above finding may lie in the establishment of an atmosphere of freedom. The psychodramatist or action-oriented therapist in effect says that the thoughts, feelings, and actions of the client are acceptable to him and that the person need not feel constricted. The fact that it is made explicit that he is free to act as he would in his real life may possibly be the key to the findings of this study.

Other therapeutic systems such as Carl Rogers' "Client-Centered Therapy" also aim at this establishment of a feeling of freedom; but as the findings indicate, free verbal expression was not experienced as providing the opportunity for as much catharsis as verbal plus kinesthetic expression. What seems to have occurred is the extension of freedoms beyond the traditional therapeutic notion and it is this realization which may be relevant to therapeutic practice.

This inclusion of kinesthetic freedom is part of what is purported to make psychodrama different from and more effective than other forms of therapy. In this study, the Subjects' ratings supported that basic assumption. The inclusion of the act did make for a more effective milieu for catharsis.

The Subjects did not report any significant difference between enactment and recall in their experience of catharsis. This lack of a difference may be due to a.) a true lack of difference in catharsis relative to the method of expression; b.) a general masking effect caused by the Subjects role playing; and/or c.) differential experience with enactment versus recall.

a.) Psychodramatic theory would predict that catharsis would be experienced more readily in an enacted than a recalled situation.

However, this prediction has never been experimentally validated and it may be that clients really do not experience any difference between the two Methods, at least as far as catharsis is concerned.

b.) This notion of a general masking effect relates to the realization that the Subjects in all the conditions were role playing. This is based upon the definition by Corsini (1966). "The essence of role-playing is 'making-believe' that the situation is 'real'." In this study, all the Subjects were in that position. Consequently, any differences in relation to Methods of expression that may have been observed could have been masked by all the Subjects having to 'make-believe'.

c.) Finally, it must be considered that a lack of experience with enactment might mask its potential therapeutic superiority to recall. The situation of recalling instances is much more familiar for individuals than that of re-enacting them. Since the Subjects of this experiment were drawn from a "normal" population and had not had any therapeutic experience it might be presumed that they had had little experience with re-enacting and would have felt and behaved in a somewhat stilted manner.

The validity of these hypothesized explanatory factors is purely a matter of speculation within the referential boundaries of this study, however. Each possibility would require experimental analysis. At present, each is a likely contributory factor.

B.) The Clinical Ratings:

The clinical ratings contribute to the consideration of the notion of psychodramatic catharsis to some extent. The judges confirmed

the Subject rated superiority of the verbal plus kinesthetic conditions with a trend in the same direction in their ratings (See Table 5). These ratings provide tentative confirmation of the value of the inclusion of kinesthesia for catharsis. They suggest that the subjective experience of catharsis may be qualitatively verifiable by professional clinicians and, perhaps, support the notion that subjectively reported differences were visible under the experimental conditions employed.

In contrast to the non-significant difference between enacted and recalled conditions reported by the Subjects, the clinical judges rated the recalled conditions as more cathartic for the Subjects. Part of the explanation for this may lie in the possibility of a clinical bias of the judges for each had training in traditional verbal therapeutic techniques and, it would seem, a traditional therapeutic orientation. Not one was found to use psychodramatic role-playing techniques in his or her therapeutic sessions. It would seem feasible that they would evaluate those conditions which reflected their personal training higher; that they would rate as more effective those conditions closest to what they personally used. This possible projection of their personal orientation onto their evaluations of what the Subjects were experiencing and expressing could then result in the ratings of catharsis tending to be greater in the recall than the enactment conditions.

However, in conjunction with the self reports discussed above, it may be that the clinicians were sensitive to the lack of experience in enactment of the Subjects. The stilted manner, if such exist-

ed, could have been read as a lack of a feeling of reality and hence a lack of ability to cathart. Such an interpretation provides support for the placing of less weight on a general masking factor or a true lack of difference if only on the basis of inadequate data for such extrapolation.

Interestingly, the two groups which were purported to be the therapeutic analogues, Groups 2 and 3, were rated highest for catharsis (See Table 5). This finding is reflected in a significant interaction between Method and Mode. One speculation related to this finding is that the interaction may reflect both the theoretical clinical awareness of the judges and the strength of the experimental design. In the analysis, the verbal therapeutic analogue had a higher group mean for both the ratings of catharsis and veridicality than the psychodramatic analogue, so the judges felt that, of the two models, the verbal therapeutic analogue was more productive of catharsis. This observation supports the earlier notion related to the orientation of the clinical judges. The condition closest to their position was rated highest, but the only other therapeutic analogue, the psychodramatic model, rated next highest and this is taken to possibly reflect the clinical consciousness of the judges. At the same time, the fact that the professional clinicians responded to the two treatments which had been perceived as models in the design of the study might seem to indicate that the design did indeed reflect the therapeutic models.

The Findings Relative To Veridicality: A.) The Self-Ratings:

The Subjects did not rate their experience of veridicality as

significantly different in any of the conditions of either Method or Mode (See Table 2). This lack of any difference may be due to a.) the absence of a preparatory set, that is, an awareness or expectation of the nature of the situation in which one may be involved; b.) a general masking effect caused by all Subjects going through deliberate 'warm-up' exercises; c.) the imposition of the life-situation items; d.) the absence of trained personnel with whom the Subjects could interact; and/or e.) the general masking effect of all the Subjects' role-playing.

a.) Psychodrama may be enacted on a stage, in a therapy group, or with an individual therapist. The individual is aware of the nature of the treatment and (ideally) attends with the intent of personal catharsis. The preparatory set is towards that intent. That set could not be established in an experimental situation with four different treatments. Subjects were simply asked to volunteer for a study of an 'interesting' and 'non-threatening' nature. "Set" was then established as a general orientation to taking part in a thesis experiment.

b.) Moreno feels the warm-up is an important part of the therapeutic procedure. In this case, the warm-up was established exercises which the Subjects went through and this approach seems to have been both advantageous and disadvantageous. It provided control over the process of warming-up as the exercises were constant across all Subjects. At the same time, however, the warm-up was not specific to the feeling level of each Subject as it would be in ongoing psychodrama. Also, non-psychodramatic techniques do not employ a spe-

cific warm-up. Though experimentally necessary, its inclusion may very well have worked with the non-specificity of the exercises to equalize the differences in veridicality.

c.) The nature of the life-situation items was such that they were imposed, again for experimental control. All therapy is based in the reality of the client, and psychodramatic role-playing as well as verbal communication is primarily self-generated. Thus, it is presumed that the prescription of the situations would have had an overall effect on the Subjects' responses pertaining to veridicality equally for all conditions. The result would be the lowering of the scores for veridicality because the items were not specifically relevant to the concerns of the Subject.

d.) An essential difference between the experimental procedure and therapeutic procedures was that no professional agent was used. This variation was necessary for experimental control because it was felt that the evaluations of the Subjects might have been tied to the effectiveness of the agents. The instructions were intended to establish similar relational sets, however, to those which occur in real therapeutic situations. It is assumed, in this study, that all conditions were under the same 'handicap' of lacking the professional agent and were equivalent in that respect.

e.) Finally, as was mentioned with reference to the ratings of catharsis, it must be considered that the Subjects in all conditions were role-playing. In no case were they actually engaged in direct situations. This is the nature of an analogue study but it is of particular consideration when one of the experimental therapeutic models

is a role-playing model. What was really studied, then, was whether role-playing of enacted situations was different from role-playing of recalled situations. Though both situations were once removed from reality as they are in therapy, the Subjects did not differentiate between conditions on veridicality and thus a general masking effect may also be posited to have been operant here.

B.) The Clinical Ratings:

As in the consideration of catharsis, the ratings by the clinical judges contribute to the evaluation of the notion, but this time of veridicality. Like the Subjects, the clinical judges felt that there was no difference in veridicality between the verbal and verbal plus kinesthetic conditions. Variations from orthodox procedure and direct replication as well as possible masking effects of role-playing and overall warm-up exercises were cited as possible contributory factors in the ratings by the Subjects. These same factors could have influenced the clinical evaluations.

With the introduction of this final result related to the verbal plus kinesthetic conditions we see an interesting pattern completed. For catharsis and veridicality, the Subjects' and the clinicians' ratings reflected one another in that both showed no difference in veridicality and supported (or tended to) the superiority of the verbal plus kinesthetic over the verbal conditions for catharsis. (See Table 8)

This pattern would seem to have important ramifications with reference to psychodramatic theory because the 'effectiveness' of psychodrama has been linked with the basic notion that catharsis oc-

curs more quickly because the individual is led to function in a veridical situation. On the basis of the findings of this study, the dual co-importance of catharsis and veridicality is called into question. Both the Subjects' and the clinicians' ratings would seem to indicate that the link posited between the two simply does not exist.

Considering the enactment versus the recall conditions, we find that the clinical judges rated veridicality significantly higher in recall than enactment, the opposite to what had been predicted. This finding may be related to a.) the clinical bias of the judges; and/or b.) sensitivity to a lack of experience in the presentation.

a.) As in the ratings of catharsis, which also showed a trend in the opposite direction to what had been predicted, the judges based their inferential judgments on their professional experience. It was hypothesized that the findings related to catharsis were possible projections of their personal orientations. This could also account for the fact that veridicality was rated significantly higher in the recall than the enactment conditions. In simple terms, it may be that the judges were accustomed to hearing individuals discuss their life situations in a past tense, as occurred in the recall conditions, and it may have seemed strange and unreal to hear the Subjects speaking in the present tense.

b.) It may also be that other of the same factors posited to be operant in the clinical evaluations of catharsis may hold, namely those that relate to the fact that the judges may have been sensitive to the lack of experience which the Subjects may have mani-

fested in their re-enacting of situations and rated the recall situations higher by comparison.

Additional support is provided for the supposition that the higher ratings of the two therapeutic analogues reflected both the clinical awareness of the judges and the strength of the experimental design. This is to be found in the significant interaction between Method and Mode in the ratings of veridicality. The same two groups (Group 2 - VKE and Group 3 - VR) which were rated highest of the treatments in catharsis were also rated highest in veridicality. (See Figure 3)

It is interesting to note that another pattern is completed with the introduction of the results of the ratings by the clinical judges of veridicality in the enactment versus the recall conditions. Whereas in the results of the verbal versus the verbal plus kinesthetic conditions the ratings by the Subjects and clinicians reflected each other, in the enactment versus the recall they consistently oppose. For both catharsis and veridicality the Subjects reported experiencing no difference between the conditions while the clinicians reported support for the recall over the enactment.

This pattern then, shows a conflict of interpretation. Since the statements of the clinical questionnaire were empirically based upon those of the self-ratings, the nature of the basis of the divergent ratings is an intriguing mystery. Obviously the Subjects and clinical judges were evaluating differently but beside those speculations already forwarded as possible contributory factors, other variables may have been operative. At any rate, this would seem to be

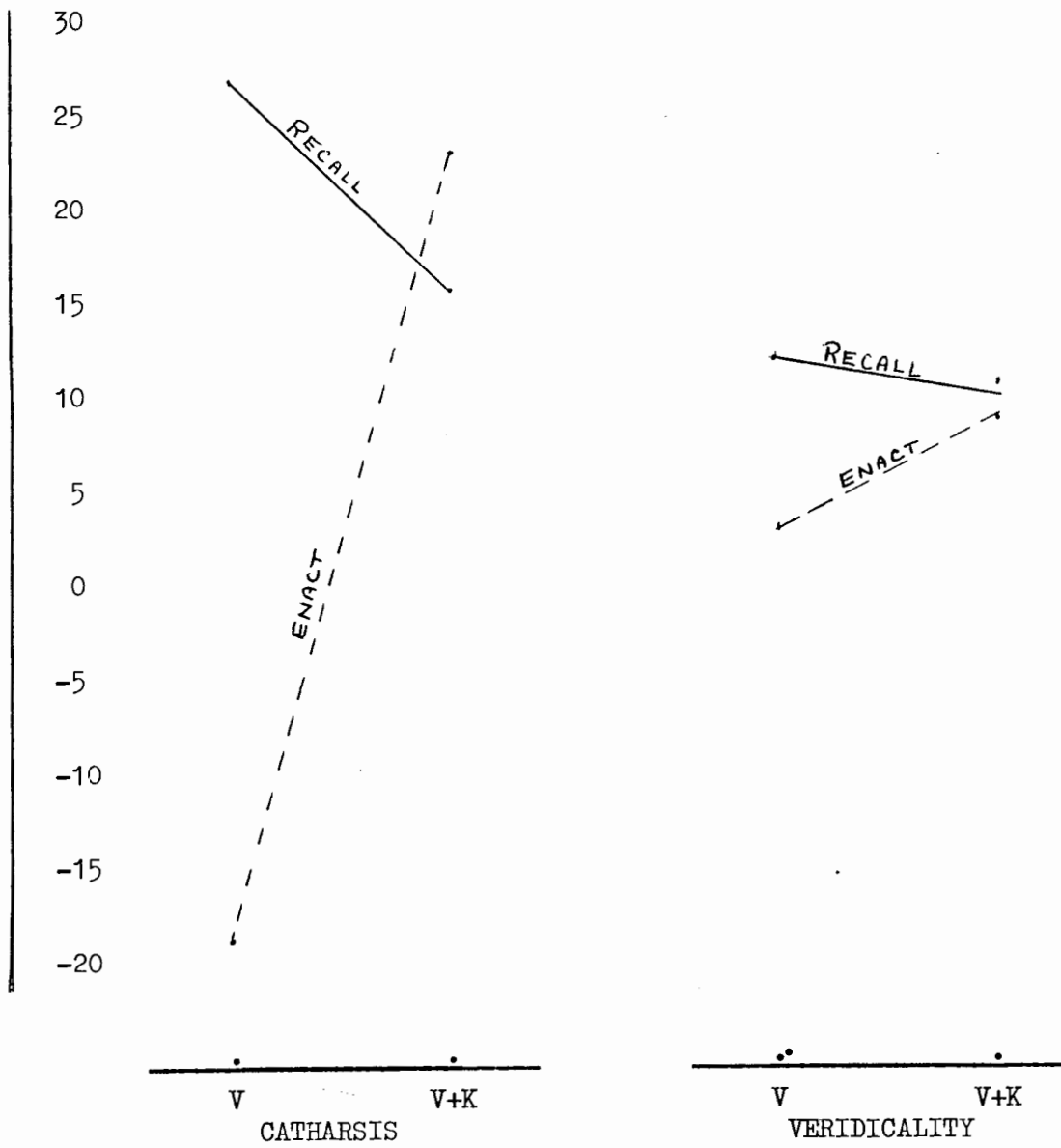


Figure 3: Interactions of experimental groups for catharsis and veridicality in clinical evaluations

a good area for further research.

The Findings Relative to Behaviors Emitted:

The behavioral judges rated the verbal plus kinesthetic conditions significantly higher in behaviors emitted than the verbal conditions. This supports the assumption that the inclusion of behavioral focus makes for a 'different kind' of therapy. The expression of the kind is visually verifiable in increased activity such as walking or moving hands or arms.

The behavioral ratings seem particularly important when considered in relation to the self-ratings and the clinical ratings. They point to the areas where the differences experienced and evaluated for catharsis and veridicality manifest themselves.

As mentioned above, the pattern of results relative to the verbal versus the verbal plus kinesthetic conditions was one in which the Subjects' and the clinicians' ratings reflected each other. Both groups found the verbal plus kinesthetic conditions more productive of catharsis but not differing from the verbal conditions in veridicality. The situations with relation to catharsis might then be interpreted as "More behaviors carry more messages."; messages which the Subjects felt they were sending and messages which the clinicians received. The suggestion that the Subjects responded to an atmosphere of freedom which was mentioned earlier seems to be reflected in greater freedom of movement, and thus supported.

The inclusion of the focus upon the freedom to act seems to have been important for catharsis yet the situation with relation to veridicality also requires consideration. Factors such as the masking

effect of all groups role-playing, the absence of trained personnel, and the imposition of life-situation items have been forwarded as possible contributors to the lack of difference in veridicality. Yet it may be that one mechanism purported to be operative in psychodrama, the experience of subjective reality of a situation, is either non-operative or inconsequential. Certainly there is no indication in this study that it is related to catharsis or increased activity. Unfortunately, the presence of uncontrolled possibilities mitigates against conclusions at this time.

CHAPTER VI

CONCLUSIONS

The primary findings of this study were:

a.) that despite necessary experimental constraints both the Subjects and the clinical judges rated catharsis higher in the verbal plus kinesthetic conditions than the verbal conditions.

b.) that the behavioral judges rated the verbal plus kinesthetic conditions higher than the verbal conditions in the frequency of behaviors emitted.

Basic to all considerations of the verbal plus kinesthetic conditions is the notion of kinesthesia, of the act. This is what makes that condition different from the verbal conditions and is also part of what is purported to make psychodrama different from and more effective than other forms of therapy. It can be concluded that for the Subjects and clinicians the inclusion of the act did make for a more effective condition for the expression of catharsis. This manifested itself in a greater frequency of behaviors and it was proposed that more behaviors carry more messages.

In relation to this proposal, this author feels that even more basic than the consideration of the assumptions of psychodrama such as the experiences of catharsis and veridicality is that of the evaluation of the assumption that the inclusion of action is an integral aspect in the expression of personality.

Analytical consideration of the attributes of behaviors, or interpretive evaluations of the messages must, however, rely upon the work of individuals in the realm of cultural anthropology rather than

psychodrama. Men such as Claude Levi-Strauss, Ray Birdwhistell, and Edward Hall have devoted considerable effort to the analysis of the act, especially as a facet of non-verbal communication. Levi-Strauss's attitude is described by Edmund Leach (1970):

In actual social life individuals are communicating with one another all the time by elaborate combinations of signs --by words, by the clothes they wear, by the food they eat, by the way they stand

or

. . . we use clothes as a code, or kinds of food, or gestures, or postures, and so on.

Like Levi-Strauss, Edward Hall's approach, as exemplified by his book The Silent Language, is descriptive. Ray Birdwhistell, on the other hand, has attempted to codify body motions under the rubric of a discipline which he calls "Kinesics." In his book Kinesics and Context he states:

While we do not wish at this time to become involved in status and role theory, we must note that the broadest cross-referencing behavior in the communication system relates directly to these aspects (language and body motions) of interaction.

All individuals engage in idiosyncratic behavior, but Levi-Strauss and Hall support Birdwhistell in the belief that there are culturally propagated forms of expression recognizable to the people within or cognizant of the culture or its sub-groups. At this point these researcher/theorists have just begun to describe or define the patterns. Birdwhistell makes an explicit point of saying that the field of study is new and that not enough is yet known about language, action, or their matrices to generalize to any extent.

Still, simply the acknowledgement that actional-linguistic com-

ponents relate to the expression of social roles is important. It supports Moreno's theory that the inclusion of action is a primary component of human communication and it provides a promising area of research into the mechanisms of the transmission of meaning and the mechanisms of change in psychodrama.

The consideration of the ratings of veridicality is more complex. It was suggested that factors of the experimental design such as the prescribed warm-up exercises, the lack of trained personnel, clinical biases, and inexperience with enactment may have affected the experience and evaluation of veridicality. As such, it is concluded that further research is required to determine the salient features.

As a post hoc consideration, the consistently higher group means for Group 2-VKE over Group 4-VKR in the behavioral ratings may be an effect of differential warming-up procedures. The Subjects of Group 4 were asked to picture themselves doing the same things that the Subjects of Group 2 enacted. Consequently, the Subjects of Group 4 lacked the physical 'starters' which the other group experienced. As this is the only conceivable explanation which this author can find, it would seem to provide some support for the validity of the concept of warming-up and another focus for research.

There are some difficulties which arise with the use of a simple analysis of variance design which should be considered. These mainly relate to the fact that other variables, independent of those controlled and considered, may have been operant and affected the outcome of the study. Simple examples of possible influences are the personality characteristics of individuals who volunteer for experiments and the

effect of paying the Subjects. To control and/or consider the effects of independent variables a co-variant design would possibly have been more desirable. Thus independent measures such as the M.M.P.I. or the Introversion-Extroversion Scale could have been included with the self evaluations and clinical ratings as further refinements of the study.

Although so much research ends with the statement that further research is required, this author feels that in this case the comment would be fully justified. As observed at the beginning of this study, controlled research into the basic assumptions of psychodrama is extremely rare. Hopefully this study has provided some clarification of the effects of the inclusion of emphasis on the act and enactment on the experience and expression of catharsis and veridicality. Hopefully, too, it has pointed to other aspects of communication and therapy which would prove interesting and fertile sources of study.

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APPENDIX A

A.) Verbal Enactment - Group 1

Thank you for volunteering. Let me tell you what I'd like you to do today.

I'm going to ask that you take part in a variety of imaginary but realistic situations. The first ones will entail that you perform a physical action such as opening a door. The next ones will ask that you carry on a brief dialogue and the last that you engage yourself in a little more complex situations. These will be dialogues with a person or persons that you imagine to be here in the room. You only have to give your part of the dialogue, however, but react as if the other person or persons were talking to you as they normally would.

The instructions will set things up, but they are sketchy and you will be able to devise the situations any way you want to. It's important that you see yourself in what you do. Just relax and let yourself into the feeling of each situation. Nothing else to scare or throw you off in any way will happen.

The instructions are on tape, so I'll have to go into the other room to play them. You'll be alone in here and I'll be the only person watching you in there. I will tape this and play it back for judges later. Is that okay? Take as long as you want to complete each situation and when you feel you're finished simply say so or lift your arm and I will go on to the next one. Do you have any questions?

Thank you for volunteering. Let me tell you what I'd like you to do today.

I'm going to ask that you take part in a variety of imaginary but realistic situations. The first ones will entail that you perform a physical action such as opening a door. The next ones will ask that you carry on a brief dialogue and the last that you engage yourself in a little more complex situations. These will be dialogues with a person or persons that you imagine to be here in the room. You have only to give your part of the dialogue, however, but react as if the other person or persons were talking to you as they normally would.

The instructions will set things up, but they are sketchy and you will be able to devise the situations any way you want to. It's important that you see yourself in what you do. Use any part of your body, any actions that you want to to emphasize your feelings. Just relax and let yourself into the feeling of each situation. Nothing else to scare or throw you off in any way will happen.

The instructions are on tape so I'll have to go into the other room to play them. You'll be alone in here and I'll be the only person watching you in there. I will tape this and play it back for judges later. Is that okay? Take as long as you want to complete each situation and when you feel you're finished simply say so or lift your arm and I will go on to the next one. Remember, feel completely free to use any physical means of expression to emphasize your feelings. You can move around as much as you want anywhere in this room. Do you have any questions?

C.) Verbal Recall - Group 3

Thank you for volunteering. Let me tell you what I'd like you to do today.

I'm going to ask that you take part in a variety of imaginary but realistic situations. The first ones will entail that you picture yourself performing a physical action such as opening a door. The next ones will ask that you picture yourself in a brief dialogue with another person or persons and the last that you picture yourself in more complex situations and then relate what happened to you and how you felt at the time to a trusted friend who you will imagine is here with you. You only have to give your part of the dialogue, however, but react as if your friend were talking to you as he or she normally would.

The instructions will set things up, but they are sketchy and you will be able to devise the situations any way you want to. It's important that you see yourself in what you do and imagine. Just relax and let yourself into the feeling of each situation. Nothing else to scare or throw you off in any way will happen.

The instructions are on tape, so I'll have to go into the other room to play them. You'll be alone in here and I'll be the only person watching you in there. I will tape this and play it back for judges later. Is that okay? Take as long as you want to complete each situation and when you feel you're finished simply say so or raise your arm and I will go on to the next one. Do you have any questions?

D.) Verbal Plus Kinesthetic Recall - Group 4

Thank you for volunteering. Let me tell you what I'd like you to do today.

I'm going to ask that you take part in a variety of imaginary but realistic situations. The first ones will entail that you picture yourself performing a physical action such as opening a door. The next ones will ask that you picture yourself in a brief dialogue with another person or persons and the last that you picture yourself in more complex situations and then relate what happened and how you felt at the time to a trusted friend who you will imagine is here with you. You only have to give your part of the dialogue, however, but react as if your friend were talking to you as he or she normally would.

The instructions will set things up, but they are sketchy and you will be able to devise the situations any way you want to. It's important that you see yourself in what you do and imagine. When you talk to your friend, use any part of your body, any actions you want to emphasize your feelings. Just relax and let yourself into the feeling of each situation. Nothing else to scare or throw you off in any way will happen.

The instructions are on tape, so I'll have to go into the other room to play them. You'll be alone in here and I'll be the only person watching you in there. I will tape this and play it back for judges later. Is that okay? Take as long as you want to complete each situation and when you feel you're finished simply say so or raise your arm and I will go on to the next one. Remember, feel completely free to use any physical means of expression to emphasize your feel-

ings. You can move around as much as you want to anywhere in this room. Do you have any questions?

WARM-UP EXERCISES

A.) ENACTMENT CONDITIONS

1. Show how you walk along a street.
2. Show how you cross a road.
3. Show how you lift a heavy suitcase and carry it from one place to another.
4. Your parents have just come in the door. Greet them.
5. You are in the bookstore buying two books for a course. Find the books and go pay for them. The cashier will ask if they are course books and you tell her. Then you chat a bit about the weather.

B.) RECALL CONDITIONS

1. Picture yourself walking along a street.
2. Picture yourself crossing a road.
3. Imagine yourself lifting a heavy suitcase and carrying it from one place to another.
4. Picture how you greet your parents when they come in the door.
5. Picture yourself in the bookstore buying two books for a course. You find the books and then go pay for them. The cashier asks if they are course books and you tell her. Then you chat a bit about the weather.

LIFE-SITUATION ITEMS

A.) Enactment Conditions

1. You've been dating a guy for several months. He really likes you and you know this but you've decided to break off with him. You're going to tell him now. Where are you? _____ Describe the place.

_____ Set up the furniture in the room that you're in to approximate it.

Tell him now. He will certainly ask you for your reasons and you will tell him.

2. You've acquired a new set of friends since coming to university. Your parents want to talk to you about them. Where do you talk to them? _____ Describe the room. _____ Set up the furniture in the room that you're in to approximate it.

You know that they are going to tell you that they are terribly disappointed in you because they just do not approve of these new friends. They feel that you've let them down. They're coming in to talk to you. They will state their feelings and you state yours in a conversation.

3. You have decided to move out of your parents' house in which you have been living til now and into a place of your own. You're going to tell your parents now. What room are you in? _____ Describe the room. _____ Set up the furniture in the room that you're in to approximate it.

They will want to know your reasons and your plans and will express their feelings on the subject. You respond to them.

B.) Recall Conditions

1. You'd been dating a guy for several months. He really liked you and you knew this but you'd decided to break off with him. You'd told him so in a conversation with him. He'd asked you all about your reasons and you'd told him.

Now I'd like you to describe what happened and your feelings at the time to a friend whom you really trust. Imagine that this person is there in the room with you.

2. You'd acquired a new set of friends since coming to university. Your parents had wanted to talk to you about them. They told you that they were terribly disappointed in you because they just did not approve of these new friends. They felt that you'd let them down. They'd come in to talk to you and had stated their feelings. You had also stated yours in the conversation.

Now I'd like you to tell a trusted friend about what happened. Especially emphasize your feelings at the time.

3. You'd decided to move out of your parents' house in which you'd been living til that time and into a place of your own. You had told your parents about it. They had wanted to know your reasons and your plans and had expressed their feelings on the subject. You had responded to them.

Now I'd like you to tell a trusted friend about what happened and especially emphasize your feelings at the time.

APPENDIX B

Age: _____

Hours: _____

EVALUATION QUESTIONNAIRE

Below are listed a variety of ways that you could respond to what you have just done.

Please consider each statement carefully.

Mark each statement in the left-hand margin according to how strongly you feel that it applies or does not apply to you.

PLEASE MARK EVERY ONE.

Write in +3, +2, +1 or -1, -2, -3 to correspond to the following answers:

+3 Yes, I feel strongly that it is true.

-3 No, I feel strongly that it is not true.

+2 Yes, I feel that it is true.

-2 No, I feel that it is not true.

+1 Yes, I feel that it is probably true or more true than untrue.

-1 No, I feel that it is probably not true or more untrue than true.

_____ I am satisfied that I expressed myself.

_____ I felt pretty phoney acting this out.

_____ My feelings break out frequently.

_____ I was so anxious during my 'performance' that I could hardly do it.*

_____ I'd never express myself the way I did today.

_____ I wasn't at all tense.*

_____ I could relate easily to the situation.

_____ There's no way I really expressed myself.

_____ I wasn't emotionally worked up.

_____ The experimental set-up made me nervous.*

_____ I seldom express myself like that.

- _____ The situation seemed unreal.
- _____ My feelings seemed real.
- _____ I couldn't get into expressing myself at all.
- _____ I could feel the situations to the pit of my stomach.
- _____ I was involved in the situations.
- _____ I think I got my feelings out well.
- _____ Taking part in this experiment didn't make me nervous at all.*
- _____ I did a lousy job.
- _____ I usually express myself the way I did today.

COMMENTS:

* These items were omitted in the statistical analysis.

CLINICAL RATING SCALE

Below are listed a number of ways that you could respond to what you have seen.

Please consider each statement carefully.

Mark each statement in the left-hand margin according to how strongly you feel that it applies or does not apply.

PLEASE MARK EVERY ONE. Write in +3, +2, +1 or -1, -2, -3 to correspond to the following answers:

+3 Yes, I feel strongly that it is true.

-3 No, I feel strongly that it is not true.

+2 Yes, I feel that it is true.

-2 No, I feel that it is not true.

+1 Yes, I feel that it is probably true or more true than untrue.

-1 No, I feel that it is probably not true or more untrue than true.

_____ THE S SEEMED TO BE EMOTIONALLY INVOLVED.

_____ HER EXPRESSION OF FEELINGS APPEARED QUITE 'REAL'.

_____ HER ANXIETY SEEMED TO INTERFERE WITH HER INVOLVEMENT IN THE TASK.*

_____ THE WAY SHE EXPRESSED HERSELF SEEMED SOMEHOW UNNATURAL TO HER.

_____ SHE SEEMED ABLE TO 'GET INTO' EXPRESSING HERSELF.

_____ SHE WAS QUITE RELAXED.*

_____ SHE APPEARED EMOTIONALLY DETACHED FROM HER DIALOGUE.

_____ HER ENACTMENT SEEMED ARTIFICIAL.

_____ SHE DIDN'T RELATE EASILY TO THE SITUATION.

_____ SHE APPEARED TO EXPRESS HERSELF AS SHE WOULD IN A SIMILAR, REAL SITUATION.

* These items were omitted in the statistical analysis.

SUBJECT NO. _____

75

BEHAVIORAL RATING SCALE

GETS UP

WALKS

SITS DOWN

SHIFTS POSTURE

MOVES LEG
OR FOOT

MOVES HEAD

MOVES ARM
OR HAND
