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Explorations With Fixed-Role Therapy

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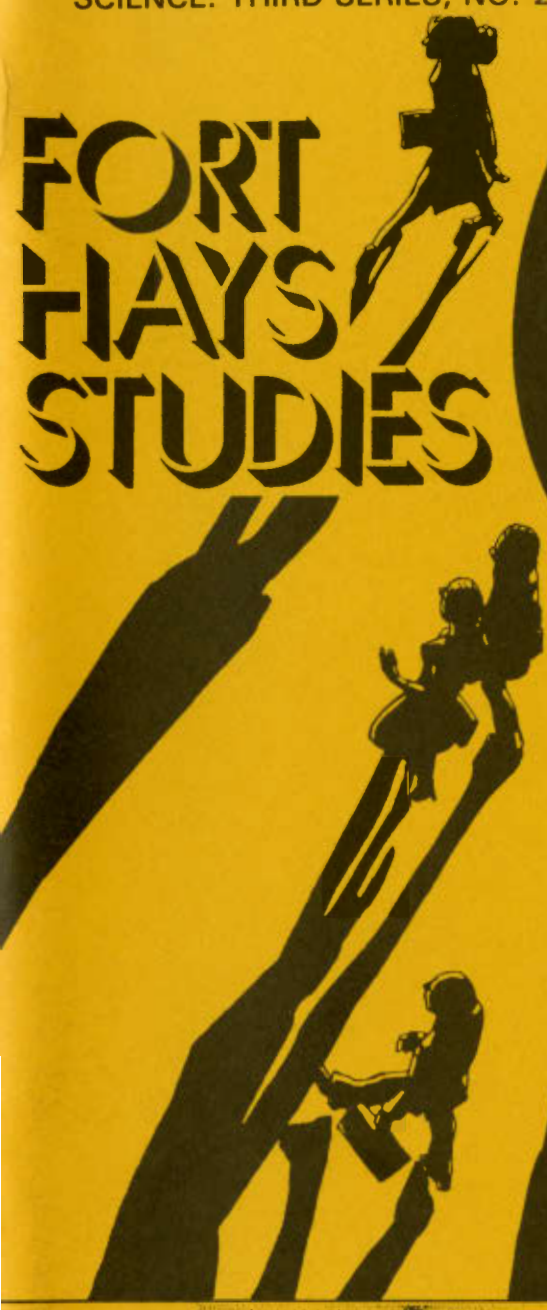
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1982

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EXPLORATIONS WITH FIXED-ROLE THERAPY:
First studies by students of George A. Kelly

Edited by
Robert P. Markley, Paul F. Zelhart, & Thomas T. Jackson

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PREFACE

When giving credit to persons who helped develop his classic work, *Psychology of Personal Constructs*, George A. Kelly credits Mrs. Ethel D. (Harkness) Edwards and Mr. Alexander J. Robinson with conducting the first explorations with role therapy (later called fixed-role therapy — FRT). For many years these two thesis projects, begun in 1939 and 1940 respectively, were the only formal attempts to evaluate FRT as a psychotherapeutic procedure. Unfortunately, these theses have, over the years, been unknown. It is our pleasure to make available to the larger scientific and professional community these original and seminal evaluation of FRT.

Kelly's *Psychology of Personal Constructs* is one of the major works of 20th century psychology. Although relatively unappreciated at publication (1955) and at first dismissed as just another personality theory, Kelly's works and ideas are now becoming more widely recognized and influential. For example, the number of explicit citations to Kelly's works in the *Social Science Citation Index* increased at an average of 23% per year during the 1974-1980 period. Even more impressive are the instances of Kelly's ideas being used by current writers, in several research areas, often without attribution.

A principal focus of personal construct psychology was psychotherapy. A singular technical contribution was FRT. FRT was developed as an alternative to psychoanalysis, the predominant psychotherapeutic technique of the 1930s and 1940s, to be used in situations where immediate behavior changes were needed, therapy time was limited, and the therapist not highly skilled and expert in esoteric aspects of psychiatry and medicine.

As is the case with many psychotherapeutic techniques there are relatively few formal scientific evaluations of FRT as a treatment procedure. The reasons for this are many. First, there are the obvious and well documented difficulties of evaluating any psychotherapeutic procedure involving one-on-one interactions between therapist and client. Second, there was, during the 50s and 60s, a relative lack of interest in Kelly's work in the psychological community. Third, therapy in a personal construct framework makes especially difficult demands upon the therapist. There is none of the technical gimmickry which can give the appearance of expertise and instant (sometimes) success as is found with other more faddish therapies of recent years.

In the mid 1970s the Zeitgeist came back to Kelly. A variety of rational, talking therapeutic ideas became prominent and the behaviorists became cognitive. Interest in Kelly's 20 to 30 year old ideas was renewed. Concerning FRT, a few case history reports of psychotherapy from a personal construct point of view and two or three studies reporting an explicit look at FRT's effectiveness were published in the late 1970s. The present volume makes available a significant increase in the number of evaluations of FRT.

George A. Kelly came to Fort Hays State University as an instructor in 1931 and left, an associate professor, in 1943 for military service. His time at Fort Hays

represents an outstanding example of adaptive use of environmental resources for career development. He developed clinical study and training programs, began the department's Psychological Service Center as a training laboratory and an agency for public service in Western Kansas, and was doing in the 1930s many of the things which became standard for professional practice in community mental health and school psychology in the 1970s.

One adaptive response to environmental opportunities was the development of fixed-role therapy techniques in the work at the Psychological Service Center. In the text which follows Kelly appears as "the clinic director." Dr. Kelly's students, Edwards and Robinson, were Kansas born, impoverished students of the depression and dust-bowl era.

Ethel D. Edwards did her MS thesis on FRT in 1939-1940 although the formal date on the thesis is 1943. She read a paper concerning the results of her research at the 1940 meeting of the Midwestern Psychological Association. After graduation she lived in Kansas, Colorado, Minnesota, and Arizona. She raised six children but seems not to have been active in a professional career in psychology. She died on September 4, 1978.

Alexander J. Robinson's work followed up the Edwards' thesis on fixed role therapy. On completion of his MS degree, he was admitted to the doctoral psychology program at the University of Illinois. He left the University before completing his degree to become a minister. He has since had a successful career as a school psychologist in California and Kansas. He is now (1982) living in St. John, Kansas.

Here then, are the first studies of the effectiveness of fixed role therapy. We hope that making these available, in their original unedited form, to the wider scientific community will fill a gap in the historical record and stimulate further work on this important technique and on Kelly's approach to human adaptation.

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OBSERVATIONS OF THE USE AND EFFICACY OF CHANGING
A PATIENT'S CONCEPT OF HIS ROLE --
A PSYCHOTHERAPEUTIC DEVICE

being

A thesis presented to the Graduate Faculty
of the Fort Hays Kansas State College in
partial fulfillment of the requirements for
the Degree of Master of Science

by

Ethel D. Edwards, A. B.

Fort Hays Kansas State College

Date July 22, 1943

Approved

[Signature]
Major Professor

[Signature]
Chairman Graduate Council

CHAPTER ONE

INTRODUCTION

Psychoanalysis (1) is probably the most widely discussed type of psychotherapy although it is not widely used. Numerous disadvantages have been found. It is very time-consuming; the therapist must be highly trained; it is successful with only certain types of patients and necessitates a considerable amount of ego strength.

Because the majority of persons who show poor social adjustment can never expect to be psychoanalyzed and very possibly would not profit by such an experience, numerous modifications of this form of treatment have been developed as well as other entirely different methods. Some of these methods allow a certain amount of catharsis but usually do not go into the deeper levels. Other methods deal only with overt symptoms. Examples of this last would be occupational therapy and direct suggestion.

Rank (4) was one of the first to break with Freud. He placed special emphasis on a short therapy and one that could be ended at any time. He did not believe it was necessary to go into infantile experiences but felt that it was sufficient to deal with emotional reactions in the present. While his treatment at first appeared to be successful it was found that it permitted a transference and that in many instances it was harmful to break this transference too early.

Taft (8), a follower of Rank, has advocated a controlled relationship which is comparatively short. She does not attempt to go into early life experiences, nor does she make any attempt to analyze or give the patient any understanding of his problems. Her therapy, like Rank's, consists of meeting emotions as they arise in the conference.

In recent years the term "semantics" has been coming into general use. Korzybski (5) propounds the theory that words may have an entirely different meaning for each individual and that the thoughts and actions of the individual are determined by their meaning to him. Thus a person may consider himself an introvert and so act according to that stereotype. If this is true, it would seem that such a person's actions and thoughts could be changed by getting him to accept a different term of self-description.

Guthrie (2) has mentioned instances where individuals have changed their concept of themselves and thus their actions. One example is the girl who considered herself a "wallflower." A group of boys decided to give her a "rush" and she, feeling herself popular, becomes gracious and at ease. Her popularity did not end suddenly as it had started as the boys soon forgot they had started it as an experiment.

Guthrie (2) also mentions that it is unwise for parents in correcting their children to say they have been lying, cheating, and the like, as such terms may have a serious effect on the role the child builds for himself.

Numerous examples of change of roles can be seen in everyday life. Children especially, copy favorite movie and radio stars in speech and manner of dress. They may copy the latest role played by their favorite actor. A person playing a role in a drama may stay in character, wholly or in part, for some time. A little girl puts on high heels and cosmetics and then imitates her mother as she plays house. This is probably but the beginning of the role which she will build for herself. As she meets and copies others it will be modified to a certain extent.

To the child who is dressed up playing house, her actions are but play acting, but as she grows older and can fit into the grown-up role these are apt to become more and more a part of her.

Moreno (6) has used dramatization as a part of his therapy. One part of his work consists of having the therapist identify with the patient and become his "auxiliary" ego. The second part is to have the patient dramatize past situations and possibly future situations on a specially constructed stage. If other people are needed, and the real life characters are not available, assistants dramatize scenes as "auxiliary" egos. He believes this dramatization to be helpful in interpersonal relationships in releasing emotion, in giving the patient insight into his own role and its relationship to others, and likewise, in helping those with whom the patient is in contact to a better understanding of the patient and themselves. Thus, while he dramatizes the individual's role, he makes no real attempt to give him a new part.

Some of the difficulties of Moreno's method for general practice are the number of trained people required for the dramatization, the specially constructed stage, and the great skill required in handling so complicated a situation.

PROBLEM

The problem we faced was to try to develop some form of psychotherapy that would not consume a great deal of time. It was desirable that it should be applicable to a wide range in type of cases and that it should be simple enough so that it would require little training on the part of the therapist.

Semantics (5) suggests that a personality may be built up because of language. The use of words as a means of communication has created a civilization yet each person because of individual differences and experiences has his own interpretation of these words. As a person thinks in terms of words and their meaning to him, he thus describes himself and acts accordingly. This may not have been done consciously.

Guthrie (2) suggests that accidental happenings may cause a person to change his concept of his role and thus his personality.

Can such a change be planned and if so, how can it be planned? Can the individual adopt such a planned role as a permanent part of his personality? What is the evidence that any real improvement takes place? Will a therapy conducted on this superficial level effect a sufficient emotional release to enable the patient to become better adjusted to himself and to society?

These are the questions we have attempted to answer by the therapeutic method which we chose to call role therapy.

CHAPTER II

PROCEDURE: METHOD AND CASES

1. Tests given to determine mental ability and development:
 - a . Henmon-Nelson test of Mental Ability for College Students, Form A.
 - b . Nelson-Denny Reading Test for College Students, Form A.
 - c . Terman-Merrill Revision of the Stanford-Binet, Form M.
2. The case sorted the Maller Personality cards picking out statements that described himself.
3. The patient wrote a self-characterization.
4. In order to keep the method as objective as possible, all the information obtained in the manner mentioned above was given to the clinic staff, and, from this material, they attempted to determine the old role the patient had been playing.
5. After determining the case's old role, the clinic staff next set up a new subjective role for him.
6. An orientation conference was held with the case in which he was introduced to his new role.
7. In the following conferences the new role was dramatized for all of the following situations where it was felt the case needed to change — a. class, b. student body, c. family, d. community, e. girl or boy friend, f. life orientation and plan.
8. A general conference was held with the patient in which situations were rechecked before giving the final tests. Scenes relating to some of the statements picked as applicable on the Personality Cards were usually dramatized also.
9. The case again picked statements from the Maller Personality cards which applied to him.
10. A second self-characterization was written.
11. The same battery of tests given at the first of the conferences was again given. This time Form B of the Henmon-Nelson Test of Mental Ability and of the Nelson-Denny Reading Test, and Form L of the Terman-Merrill Revision of the Stanford-Binet were the tests used.

CASE I

Perhaps the method can best be explained by following through the procedure on one case. All of the patients used in this study were students at the Fort Hays Kansas State College. Arthur¹ came to the Psychological Clinic for guidance and he was referred to the investigator by the Clinic Director with the suggestion that this type of therapy be tried.

The test results at both the first and at the end of the conference were as follows:²

The Henmon-Nelson Test of Mental Ability for College Students

Form A.-71 points Form B.-75 points

The Terman-Merrill revision of the Stanford-Binet

Form M.-I.Q. 137 Form L.-I.Q. 148

Arthur was asked to divide the Meller Personality Cards into four groups. The first group contained statements that he felt were especially characteristic of

1. Appendix, Section 1.

2. Form A of the Henmon-Nelson and Form M of the Terman Merrill were given at the first of the study. The Nelson-Denny Reading test was not given to Arthur.

himself, the second group contained statements that were somewhat self-descriptive, the third group contained statements that were only slightly characteristic. The fourth group contained statements that did not apply to him. Typical statements found on the cards are as follows: "Do you sometimes do things against your will—can't help it? Do you worry about little things? Do you have habits of which you feel ashamed?" He also wrote a self-characterization.

Using the data thus obtained, three clinicians who did not know the patient's name, determined what seemed to be the patient's old role--the role that played (1) in the class, (2) in the student body, (3) in the family, (4) in the community, (5) with the girl or boy friend, and (6) in life orientation and plan. Following this same outline the staff constructed a new role for the patient—that is, a new way of seeing himself in each one of these situations where it was believed that a change would help his adjustment.

The clinic staff in this instance determined Arthur's old role to be that of a non-participant in class, student body, and community. With the family he was well adjusted but possibly too closely integrated. In regard to girl friends it was believed that he had become somewhat cynical in hunting for an ideal. His life orientation and plan were fairly acceptable although it seemed his ambitions were more for the enhancement of his ego than of any social value.

In his new role, Arthur was to see himself as an intelligent, ambitious young man who was capable of holding a responsible position in society. In the past he had been learning and it had been permissible for him to remain on the sidelines. Now he had reached the place where, if he were fully to achieve his ambitions, it was time to begin assuming some responsibility for others. Part of his social responsibility could be emphasized through his vocational interests by passing on interesting bits of his knowledge of architecture through lectures and writing. Several activities that might help him carry out this role in real life were suggested by the staff.

In the first conference, weaknesses in Arthur's old role were discussed followed by a discussion of the new role. The case expressed an interest in changing some parts of this personality and seemed to favor the new role.

In the second conference, the class and student body were discussed and situations dramatized in the conference. In the situations, the investigator took whatever opposite part was needed as teacher or another student. At the end of the conference the carry-over of the role into real life was emphasized.

In the third conference, Arthur reported that he was helping one of the boys at the house where he lived, who was having difficulty with his school work, and that he was making an effort to mix more with other students. This was part of the role that he was supposed to adopt and the part that had been discussed and dramatized in the previous conference. At this time situations regarding the community and life orientation and plan were dramatized. He responded well and offered suggestions of his own as to how he could put the new role in practice.

It had been felt that Arthur's family adjustment was fairly satisfactory and as the conferences proceeded that seemed to be confirmed. Therefore no dramatizations were done regarding that situation. After some discussion regarding girl friends, it was felt that he had by then worked out a fairly satisfactory adjustment, and this situation too, was omitted.

At the next conference, the statements on the personality cards that Arthur had picked as being most descriptive of his character were examined one at a time to

see if they fit with the new personality. Where it seemed applicable a situation was dramatized pertaining to the statement of the card.

The final tests were then given to Arthur. On equivalent forms of the Henmon-Nelson Test he had raised his point score only four, from 71 to 75. On the Terman-Merrill his I.Q. had gone up from 137 to 148.

As to personality, Arthur seemed to accept the new role from the time it was first explained to him. His own reports and clinical observation seemed to indicate a definite change along the lines indicated. He quickly adopted the role as a part of himself and did not really feel that he was play acting.

CASE II

John was referred to the investigator by the Clinic Director. His main difficulty seemed to be in social adjustment brought about by a nationality difference.¹ The test results were as follows:²

Henmon-Nelson Test of Mental Ability		
Form A-28 points	Form B-34 points	Form A-41 points
Nelson-Denny Test of Reading Ability		
From A-20 points	Form B-27 points	
Terman-Merrill Revision of the Stanford-Binet		
From M-I.Q. 104	Form L-I.Q. 113.	

John's old role, as determined by the committee, was characterized by a lack of confidence. He was of foreign parentage and the few of his nationality who had attended college at Hays were somewhat ostracized. He seemed to feel this rather keenly and along with feelings of inferiority were also fairly strong feelings of resentment against all who were connected with the school.

His new role was to play up the idea that he was a cultural pioneer in a school of pioneers—that he was one of the first few of his nationality to attend school here, but that by his going it would make it easier for others to follow his example. Also, he was to admit to himself that he was just a "hick" from the country now but that he was of good stock and in no way inferior and that he would regain his educational heritage.

After two conferences when the new role had been only partially explained to him, he adopted a new role of his own that was somewhat related to the one which had been planned. He was allowed to integrate about this with marked personality improvement.

The test results did not indicate as much change as might be expected judging from other experience. In this connection it might be added that the work of the clinic with other college students using other types of therapy has generally yielded much more marked results, sometimes as much as from the 30th to the 80th centiles on an intelligence test. In this case however, there was no attempt made to mobilize his personality improvement along intellectual lines. Between the middle of November when the initial testing was done and the middle of January when the terminal testing was done, his point score changed from 20 to 34 on equivalent forms of the Henmon-Nelson Intelligence test, made a slight change on the Nelson-Denny Reading test, and raised his I.Q. from 104 to 113 on the Revised Stanford-Binet. Since the therapeutic results were not mobilized along intellectual lines during the original treatment period, it was thought perhaps if the personality changes were really as far reaching as they appeared, they would subsequently

1. Because of a language difficulty and to compare John with his brother studied previously, the Kelley Speech and Reading Test was also given as well as the Cornell-Coxe Test of Mental Ability. Appendix, Section II.

2. Form A of the Henmon-Nelson and the Nelson Denny tests were given at the first of the conferences and Form B at the end. On the Terman-Merrill, Form M was given at the first.

mobilize themselves along intellectual lines. To test this hypothesis he was called to the clinic again the last of April and given Form A of the Henmon-Nelson test and it was found that his intelligence rating had gone on up to a point score of 41. This was a change from the eighth centile for college freshmen to the twentieth centile and on the last test he raised his score to the fortieth centile.

CASE III

Robert¹ was an old chronic simple schizophrenic who was referred to the investigator by the Clinic Director. He showed the following test results:

Henmon-Nelson Test of Mental Ability for College Students
Form A-30 points Form B-29 points
Nelson-Denny Reading Tests for College Students
Form A-58 points Form B-41 points
Terman-Merrill Revision of the Stanford-Binet
Form M-I.Q. 106 Form L-I.Q. 103

An attempt was made to set up a role wherein Robert would copy one of the faculty members who he admired and who was encouraging him to be a teacher. Characteristics that he was especially to note and follow were stability, friendliness, patience, and kindness, and he was to be sure that he always asked questions clearly and looked people straight in the eye.

Robert found so many faults with the faculty member that it was impossible to try to get him to accept this role. After this was given up other roles were tried emphasizing the characteristics that had already been mentioned but not attempting to get him to copy anyone. He did not want to discuss, or have the investigator discuss, anything more personal than his grades, but when a role was explained to him he was usually willing to accept the idea but he could not integrate into it.

While he would apparently accept the role while it was being explained to him, it was practically impossible to get him to dramatize any of the situations. The only thing that he seemed willing to respond to was the role of teacher explaining mathematics, his favorite subject, to the investigator in the role of pupil.

The case was dropped with no improvement either in personality or along intellectual lines. There was only a very slight change in any of the test results. The Henmon-Nelson changed one point and his I.Q. on the Terman-Merrill dropped three points. The greatest change was in the reading test where the score was dropped from 58 to 41 points. However, the terminal testing of the Henmon-Nelson and Nelson-Denny tests was done under extremely unfavorable conditions.

CASE IV

Betty¹ was slightly hyper-thyroid with the typical "rattlebrained" characteristics. Her test results were as follows:²

Henmon-Nelson Test of Mental Ability for College Students
Form A-34 points Form B-43 points
Nelson-Denny Reading Test for College Students
Form A-70 points Form B-84 points

Betty described herself as a person who did not like to be alone, as one who was a follower, flighty, and not dependable. She said that she talked too much and seldom got angry but when she did she was slow to overcome it.

She described her ideal as a woman who liked to mix with people, one who was

1. Appendix, Section III.

1. Appendix, Section IV.

2. The Terman-Merrill test was not used in the initial testing as Betty was one of the first cases studied and at that time it had not been decided to compare results on the two forms.

sympathetic and understanding, and one who did not get excited easily.

Her new role was set up on the basis of her ideal. She was to imagine herself a newspaper reporter. She was to look for essentials in problems and to treat people as interesting cases. She was to try to feel that everything had something good in it and to be understanding and sympathetic.

As it was decided that at the time she got disgusted quickly and was easily frustrated, and that this was hindering her in her school work, the first step was to dramatize classroom situations and conferences with her instructors. She was also to be given the idea that if her lessons were hard, perhaps it was because the author of the text book did not know how to express himself clearly and she should be sympathetic with him.

Classroom situations and private talks with instructors were then dramatized. The investigator played the part of the various instructors. After this the following situations were dramatized: A girl friend called her "scatterbrained" because she forgot an appointment and was late, a friend told her that hyper-thyroids were "dumb," a group at a social gathering laughed at some foolish remark she had made, a situation in which she had difficulty with her parents, a situation in which she carried on a conversation with a friend between acts of a play and in her excitement talked so loudly that people turned and stared, and a classroom situation in which she recited and gave a report.

In the last conference she was told that she didn't have to act "scatter-brained" but that she should remember that she was playing the part of a well-poised, sophisticated woman, especially when she was in public, and that she was clever and alert. Dramatics and journalism were suggested as extra-curricular activities.

At the end of the hour she said that the conferences had brought things to her mind more clearly than she had ever thought of them before.

The second semester Betty enrolled at a girls' school and was not given her final testing until the following summer. At that time her personality appeared to be much more stable and she said that while she sometimes forgot herself, she was no longer as excitable and as easily upset over trifles. Her tests showed an increase of nine points on the Henmon-Nelson or increased from seventy to eighty-four points. The Terman-Merrill, Form L given at the end of the conferences showed an I. Q. of 129. As she was one of the first cases studied, and as at that time it had not been decided to compare the scores on the two forms of the Terman-Merrill, she was given the Cornell-Coxe test of mental ability at the beginning of the conferences. The most noticeable thing about this was the marked inconsistency. On four parts of the test she had a mental age of over 17, on one she dropped to a mental age of about 10 years and 8 months, and on another to about 12 years and 2 months. However, on the Terman-Merrill test given at the last she was much more consistent. She was started on the average adult test but the basal age was on the superior adult I and on the next test, she missed only one.

The cards that she picked in the Maller Personality test indicated that the same characterization still applied to her that had at the first but in a less marked degree, as this time she picked fewer cards that applied to herself and she considered none of these very important. On the self characterization she could think of only two things to describe herself. She said first that she was happy and then that she was still not very dependable although when she went on talking she said that things no longer worried her as they used to and she found it much easier to act poised.

CASE V

With Fred¹ there was no felt tension within, and as a result he never really saw the need of changing roles. His own opinion as indicated by this selection of cards appeared superficially to change, but the change was not verified by clinical observation. His test results were as follows:

Henmon-Nelson Test of Mental Ability	
Form A-58 points	Form B-60 points
Nelson-Denny Reading Test	
Form A-88 points	Form B-84 points
Terman-Merrill	
Form M-I.Q. 139	Form L-I.Q. 146

In his self-description, Fred said that he often got the "blues", lived in the future, had few intimate friends, and he especially emphasized the point that he believed in being clean. He described his ideal as someone who was witty, good at bluffing but usually able to back it up, and able to guard his inner feelings from analysis. He did not like the sort of person who was overbearing, a hypocrite, and had an air of superiority.

From the cards and the characterization given, the committee decided that he was using grandiose feelings to compensate for a lack of ego strength. As outside activities it was suggested that he go out for debate and that he should be given the idea that he was the sort of person who worked quietly and was far sighted and did not expect rewards now. He was to be thorough and build solidly with a broad background so that he could be secure with the feeling that he had plenty of knowledge and reserve.

During the next two conferences he discussed his ambition to be a great composer and his relationship to his mother. As it had not been possible to get much done in the way of dramatizing situations and getting him to adopt a new role it was suggested that he decide on a list of situations that would really test him, and make him show his emotional maturity. He thought of two situations and then began to list characteristics. An attempt was made to dramatize these situations but he did not enter into the part very successfully. In the last conference he said that he thought he was better adjusted and that he knew he enjoyed school more than he had at first. On the cards he listed a good many things as applying to himself but none of them as being extremely important. The test results showed a 7 point raise in I.Q. on the Terman-Merrill and a 4 point drop on the reading test. The Henmon-Nelson point score went up from 58 to 60.

Fred had never accepted his role and it was believe that this type of therapy had been of no value to him.

CASE VI

Helen¹ accepted the idea of role therapy as another adventure and responded quite well in conference. The desire for adventure was probably associated with her slight homosexual tendencies. There was noticeable improvement in the grades that nine weeks but she liked the idea of playing different parts so well that she soon had others setting up different roles for her to play, even writing to an old school teacher and receiving instructions which started her on a new part.

Her test results were as follows:

Henmon-Nelson Test of Mental Ability

-
1. Appendix, Section V.
 1. Appendix, Section VI.

Form A-64 points
Nelson-Denny Test of Reading Ability
Form A-103 points
Terman-Merrill

Form B-37 points
Form B-84 points

Form M-I.Q. 142 From L-I.Q. 139

From the cards and her self-characterization, it was decided that she felt inadequate, lacked control over self, life seemed to be automatic, and she had no real friends. Her new role was summed up to "be friend to the friendliness."

As the clinician was well acquainted with the case, it was easy to pick situations where a lack of adjustment was evident. Some of the situations dramatized were with the girls at the sorority house, on a date, conversations with the present favorite girls friend, talks with instructors regarding school work, and home situations. She was encouraged to take up dramatics and art work. She responded well in the conferences and at the start appeared to be carrying her role in her outside life, but, as soon as she started having other people suggest roles for her, this improvement was lost. The cards at the last indicated little change and while a characterization, written after the conferences had been going on for sometime, showed that she thought she had changed considerably, the only evidence was the marked raise in her grade point over what it had been the year before and earlier that year.

CASE VII

Maxine¹ showed some schizothymic tendencies. For a time she seemed to be more unsettled under therapy. Conferences continued from the middle of November until the first of April and by that time she had accepted the role, with marked difference in her appearance and grades. She had taken a psychology course the year before which she had nearly failed in spite of strenuous efforts, but in a course under the same instructor that semester she had the highest grade in a class of 32 students at the nine weeks. The grade was based on the average marks of 16 tests and papers so it could scarcely be considered an accident. Another instructor who had not become acquainted with her until sometime after the therapy began, encouraged her to get her Ph. D. in psychology. Maxine had the following test results:

Henmon-Nelson Test of Mental Ability

Form A-41 points From B-42 points

Nelson-Denny Reading Test

Form A-109 points From B-126 points

Terman-Merrill

Form M-I.Q. 129 Form L-I.Q. 143

The validity of these tests, especially the Terman-Merrill, was questioned as it was learned later that she could have had access to them and the scoring manuals before they were given.

1. Appendix, Section VII.

The first time that she was asked to sort the personality cards it took her over an hour to do it and she picked out 66 of the statements as applying to herself. The last time there were only six that applied and only three of these she considered important. In her first characterization, she said that she lacked confidence, had a tendency to become very depressed, worried, and was nervous, and mentioned that she disliked cruelty but felt sometimes that she would like to be cruel. The second time she sorted the cards she did not hesitate and show the indecision that she had before and when she was asked to give some statements that characterized herself she said that she was self-confident, independent, usually cheerful and happy, not moody, and had some poise, knew what she was going to do and how to do it, and was more thoughtful and understanding.

At first there seemed to be no improvement, but gradually, although not without a number of setbacks, she accepted the role. She never did as well during the conference as she did outside. In her case, after she had begun to improve, she would occasionally have trouble at dramatization. In these instances it seemed to help to have the clinician exchange parts with her and dramatize the scene first in her old role and then in the new role. This seemed to be quite effective in breaking the tension and showing Maxine the contrast in the two parts. She was then able to go ahead in the part herself. Although at times the roles were exaggerated in order to emphasize the contrast, it had to be done rather carefully in order to keep Maxine from getting depressed. In her case the conference was usually ended with some encouragement as to how well she was adopting the new role.

CASE VIII

Margaret¹ never seemed very interested in the conferences but she accepted part of her new role and changed independently. She was not able to cooperate by playing her part in conference but she began playing it outside, and from observations made on the campus and at various social activities, there was considerable change in her personality. Her test results were as follows:

Henmon-Nelson Test of Mental Ability	
Form A-28 points	Form B-24 points
Nelson-Denny Reading Test	
Form A-40 points	Form B-42 points

Terman-Merrill was not given at the first of the conferences. Her I.Q. on Form L of this test given when the conferences ended, was 103.

The first time Margaret sorted the cards she was very slow and picked only a few statements as characteristic of her personality. At the next conference she was again asked to sort the cards and to put the most characteristic in one group. In this manner a few more statements were obtained.

In her self-characterization, Margaret described herself as strong-willed and a little "bossy." She said that she did not like to be alone, did not like to hurt other's feelings, and that she became very upset when things were messy or torn up.

The clinic staff decided that she felt inferior and lacked ego strength and sug-

1. Appendix, Section VIII.

gested trying to increase her self-confidence and give her the feeling that she was living under her own power and did not need to hem herself in with barriers. They suggested the role of exploring and finding new freedoms with the idea that she could handle any situation that might arise.

She found a good many excuses not to keep her appointments and was very reserved when she did. However, while she was not responsive during the conferences, considerable change was noted, some of it along the lines suggested by the clinician.

CASE IX

George¹ was cooperative and played the role fairly well during the conferences but at first seemed to lack the strength to carry it over and make much change outside. He was referred to the clinic by the student advisors and conferences did not start until nearly the end of March and lasted less than two months. His test scores were as follows:

Henmon-Nelson Test of Mental Ability	Form A-43 points	Form B-39 points
Nelson-Denny Reading Test	Form A-57 points	Form B-45 points
Terman-Merrill	Form M-I.Q. 114	Form L-I.Q. 115

The first time he sorted the personality cards he picked out 79 of the 100 statements as applying to himself. When asked to mention several terms of self-characterization, he was unable to do so but later turned in a several page closely written manuscript on his personality². The committee characterized him as having systemitized delusions of inferiority and set up a new role in which he was to minimize circumstances and stop making excuses.

In establishing the new role his own personality outline was used as a basis in setting up the situations. He had mentioned that he had not gone with a girl for a long time and had had but few dates in his life. Therefore, one of the situations dramatized was with an imaginary date to various activities that cost little or nothing since he had given a lack of money as one of his reasons for not dating. Other situations were in the class, with his family, community activities, and with his boy friends. Suggestions were made as to things he could do outside in the way of sports and mixing with people. Reading material on foods and health was suggested. He had been trying to do the things that the clinician had suggested. One of these was dating and he mentioned one day that he had gone with a girl for the first time since he had been in college at Hays. Incidentally, before the summer was over he was married.

When he resorted the personality cards, he picked only two statements that were now very important to him and a much smaller number that still had any effect. In characterizing himself he said that he was most happy when busy, that he thought he could adjust to any situations, he had stopped blaming others, could think for himself, no longer held grudges, and that he could make friends more easily.

Clinical observation seemed to verify the improvement and one of the advisors who had sent him to the clinic also commented on how greatly he had improved in a short time.

1. Appendix, Section IX.
2. *Loc. cit.*

CASE X

Martha¹, a junior, started conferences in April. Her test results were as follows:

Henmon-Nelson Test of Mental Ability

Form A-29 points

Form B-31 points

Nelson-Denny Reading Test

Form A-39 points

Form B-28 points

Terman-Merrill

Form M-I.Q. 113

Form L-I.Q. 108

Martha picked quite a number of the statements on the personality cards as applying to herself and when asked to describe herself could think of nothing but later she wrote things on the outside. These included such remarks as the following: "If I like a person I like them with all I have, and if I dislike them it takes a lot to change my attitude toward them. I let first impressions rub. If I begin something I will finish it." She also said that she was very self-conscious, unselfish, and willing to help others.

The committee reported that she lacked ego strength and was very compulsive with some paranoid tendencies, that she had to do something to keep her ego from being depressed and so tried to support it with ideas of grandeur. They suggested that her new role should give her some method of supporting her ego legitimately and that she should try to develop a simplicity of personality with the idea that very ordinary things were greatest. It was also suggested that she develop a motherly attitude toward boys and to go with the new personality as attempt to get her to change her appearance and dress a little more attractively.

Because of various external factors few conferences were held. She was not cooperative and appeared to have no desire to change herself, in fact refused to recognize that anything but her environment needed to be changed. It was decided that all conferences should be closed before final examinations. When she learned that conferences were to stop, she immediately became more accessible. Her new role was then reexplained to her and the things that had been gone over before were summarized and she was given considerable encouragement.

A later report indicated that she had adopted part of her role. How much good this type of therapy would have done is questionable. It would undoubtedly have had to continue over a long period of time but it is the opinion of the investigator that some change could have been effected if it had been.

CHAPTER III SUMMARY

Were old habit patterns really changed by this type of therapy? Probably the best way to answer this is to review briefly some of the cases studies. Maxine² was slow to change and had numerous set-backs yet she showed an outstanding change in personality. She had been referred to the clinic by her roommate who was taking psychology. Three years after the conferences had ended, in the summer of 1943, the investigator saw this roommate. She said that she and Maxine had seen each other occasionally and corresponded frequently. She reported that Maxine was teaching in another state and that she was happy in her work and that she seemed to have a good many interests in life. She added that Maxine had never slipped back into her old habit patterns.

John³ changed more quickly than Maxine although he did not entirely adopt the

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1. Appendix, Section X.
 2. Appendix, Section VII.
 3. Appendix, Section II.

new role that was planned for him. He was observed during the next four months after conferences had ended and he seemed to adjust increasingly well.

George¹ soon began playing his role in conference but at first he could not carry it over on the outside. However, he seemed to adopt it gradually. He was observed throughout the summer after conferences had stopped and he seemed to play his part increasingly well.

Betty² was not given her final tests until several months after conferences had ended and at about the time of these tests she was observed by the investigator several times outside of the conference. She seemed to have adopted her role fairly well and enough time had elapsed so that it would seem the change was permanent.

After the first few conferences, Margaret³ appeared to be adopting her role to a slight extent but there is no recheck or report after the conferences ended. Arthur⁴ appeared to have accepted his role as a permanent part of his personality during the two months of conferences.

Helen⁵ apparently continued to hunt new roles and reports from close friends about a year later indicated little change. However, not long after this she was married which might indicate that she had matured to some slight extent.

Fred⁶ was quite content with himself as he was and did not accept any slight change in his role. While Robert evidently wanted to change he was unable to do so.

Did the subjects feel that they were acting or did they feel that the new role was a part of their personality? This varied with the individual and may have been partly due to the manner of presentation. Maxine⁷ was at first acting a new part but as soon as she began to integrate into it the idea was emphasized that this had been the natural "you" all along and the old role had been acting. She seemed to accept this idea.

With George⁸ the role was presented in much the same manner that it had been with Maxine and he responded similarly.

With Betty⁹ the emphasis was at first on acting the new part and later an attempt was made to convince her that she really was the desired type of individual but this was only partially successful.

Helen¹⁰ always seemed to feel that she was acting.

To Fred¹¹ the idea was presented as one of changing and he had no desire to do this. It is possible that if the new role had been presented to him not as a new role but as a description of his personality as we saw it and if he had then been led to dramatize situations to emphasize the role, he might have accepted it unknowingly.

To Robert¹², too, the idea was presented as a new role and he immediately felt

1. Appendix, Section IX.
2. Appendix, Section IV.
3. Appendix, Section VIII.
4. Appendix, Section I.
5. Appendix, Section VI.
6. Appendix, Section V.
7. Appendix, Section VII.
8. Appendix, Section IX.
9. Appendix, Section IV.
10. Appendix, Section VI.
11. Appendix, Section V.
12. Appendix, Section III.

that we saw a need for him to change and that he was not "right" as he was. While this was definitely the wrong approach for him, it seems doubtful if the treatment can be successful with anyone with such pronounced schizophrenic tendencies.

Another case was referred to the investigator that was not described with the others as it was not completed. It was Jean, who was extremely depressed, and was forced to leave school shortly afterwards because of this. Whether or not this type of therapy would have been successful with her is, of course, not known, but it seems doubtful if it would be successful with any type of psychoses.

Another element to be considered is the time. Is this a short type of therapy? With the cases studied this seemed to vary considerably. Maxine¹ began conferences the middle of November and ended the first of April. George² had conferences for less than two months. The battery of tests took at least two conference periods at both the beginning and the end of the experiment. It would seem that the regular conference periods could in many instances be reduced to as low as five or six and this would include the orientation conference and permit a recheck of situation at the end of the dramatization.

Still another question to be considered would be whether or not it is necessary to have subjects of high intelligence for this type of therapy. All of the cases studied had at least average intelligence. However, it seems very likely that it might be even more successful with those slightly below normal as they would be less likely to question the role as being something different. This would be especially true if it were presented to them not as a new part to play but as one image of themselves which we wanted them to recognize.

This is not a semantic therapy as Korzybski would describe it. However, it followed his work in recognizing that the individual characterizes himself in terms of words and acts according to what these words mean to him. By giving the individual a new role, that is, new terms with which to describe himself, a new set of actions will be evolved. The variant meaning of words to different individuals was clinically observed in this study. When a new role was set up, such terms as understanding, sympathetic, mature, might be used to replace terms the patient had formerly used in his self description. In some instances the patient, during the orientation conference, objected to one of the words. After he had been asked to explain as nearly as possible what the word meant to him it was usually possible to find another word that would have for the patient a meaning similar to that originally intended by the clinicians.

While the new role was acted out during the conference, it was not performed on a stage as in Morino's work with the psycho-drama. The clinician and patient both remained seated and the dramatization was purely verbal.

Following is a short summary of specific points of improvement which seemed to be evidenced by the ten cases studied:

1. Scholastic improvement was shown by seven. This included all but Robert, Fred, and Martha³. These three of the four did not accept their new roles.

2. Six⁴ of the ten increased their scores on the Henmon-Nelson test. Of the four whose scores were lower, two⁵ had not accepted their new role and while the

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1. Appendix, Section VII.
 2. Appendix, extion IX.
 3. Appendix, Sections 1,2,4,6,7,8, and 9.
 4. Appendix, Sections 1,2,4,5,7, and 10.
 5. Appendix, Sections 3 and 6.

other two¹ seemed to accept the role later, at the time of the terminal testing they had not been able to dramatize well in conference. Only eight can be compared on the Terman-Merrill and five² of these had an increase in score. Robert, Helen, and Martha³, none of whom had accepted the new role, showed a decrease.

3. Only nine of the group can be compared on the Nelson-Denny Reading Test. Five⁴ of these increased their score and four⁵ decreased. Again the ones who had a decrease were the four, Robert, Fred, Helen, and Martha, who had not accepted the new roles while the ones who had accepted the role all showed an increase.

4. Seven⁶ of the group showed a better college adjustment.

5. One half⁷ the group showed a better adjustment with the same sex. With Margaret and Betty⁸ there seemed to be a somewhat better adjustment but this was not as marked as with the others and was a little hard to judge.

6. Four of the group showed a better adjustment with the opposite sex⁹. At least one of the others seemed to have already made a satisfactory adjustment in this line¹⁰.

7. With the community seven¹¹ seemed to be better adjusted. This included all but Robert, Fred, and Martha. Again there were three of the four who had not adopted the new role.

8. In life orientation and plan three¹² of the group appeared to develop a broader outlook coupled with more specific plans for attaining their goals. These were Arthur, John, and Maxine. Betty¹³ and George¹⁴ also showed some development in this direction and Fred¹⁵ came nearer showing it in this line than in any other.

9. There could be no direct observations as to whether or not there had been any improvement in family adjustment but from the reports in conference, and in a few instances outside reports, there would seem to have been a definite improvement in four¹⁶ instances. Since Margaret¹⁷ had a problem which was felt to have been caused to a great extent by a lack of family adjustment, the subsequent adoption of her role on the campus probably carried over to the family.

CONCLUSIONS

1. This therapy is effective for general personality development in most of the cases studied¹⁸.
2. It seems likely that role therapy is of most value in college orientation work

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1. Appendix, Sections 8 and 9.
 2. Appendix, Sections 1,2,5,7 and 9.
 3. Appendix, Sections 3,6 and 10.
 4. Appendix, Sections 2,4,7,8, and 9.
 5. Appendix, Sections 3,5,6, and 10.
 6. Appendix, Sections 1,2,4,6,7,8, and 9.
 7. Appendix, Sections 1,2,6,7, and 9.
 8. Appendix, Sections 4 and 8.
 9. Appendix, Sections 4,7,8, and 9.
 10. Appendix, Section 1.
 11. Appendix, Section 1,2,4,6,7,8, and 9.
 12. Appendix, Section 1,2, and 7.
 13. Appendix, Section 4.
 14. Appendix, Section 9.
 15. Appendix, Section 5.
 16. Appendix, Section 4,6,7, and 9.
 17. Appendix, Section 8.
 18. Appendix, Sections 1,2,4,6,7,8, and 9.

and in dealing with cases of social ineptitude and maladjustment¹.

3. The procedure can be standardized.
4. This therapy does not require a great amount of intelligence on the part of the case².
5. The therapy does not require a great amount of training on the part of the clinician.
6. It is a comparatively short type of therapy³ and could easily be made available to the average person.
7. It appears to be of little value in the treatment of schizoid types where the ego strength is low⁴ or for those who enter upon new roles merely for the sake of adventure⁵. It seems doubtful if this treatment would be of value with any type of psychoses, but further research is indicated to determine whether or not this is true⁶.

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1. Appendix, Sections 1,2, and 7.
 2. Appendix, Section 8.
 3. Appendix, Section 9.
 4. Appendix, Section 3.
 5. Appendix, Section 6.
 6. Appendix, Section 3.

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APPENDIX

SECTION I

This gives a more complete record of each of the ten cases studied with the date of the first and last interviews, the dramatizations attempted, and some account of progress as it occurred.

ARTHUR

Conference 1, March 7, 1940

Arthur, a freshman born May 6, 1916, came to the clinic because of a felt lack of security. He had wanted an intelligence test given and although he stated that he had no special problems he was eager to try anything that might help him with his school work and social adjustment. He said that he planned on going to school at Hays for two years and then going where he could get professional training to be an architect. He was referred to the investigator by the clinic director and in the first conference the work was explained to him and he was given the Nelson-Denny Reading Test for college students, Form A. Scores: Vocabulary 37, Paragraph 58, Total 95.

Conference 2

The Henmon-Nelson Tests of Mental Ability for college students, Form A. Score 71.

The 100 cards in the Maller Personality Sketches were then stacked in four piles. Pile number one was the group to which the case answered for himself, "These are very characteristic of me". Pile number two contained statements which he felt were fairly important in his life. Pile number three was the group that affected him only slightly and pile number four was the group that he answered "No, these do not apply to me". In these case studies the lists of numbers will be given for the first three groups and the remainder were answered "No".

Personality Cards

1. 75, 74, 71, 66.
2. 98, 97, 89, 82, 79, 73, 68, 60, 56, 72, 57.
3. 86, 81, 76, 65, 58, 94, 80, 61.
1. None
2. 45, 39, 34, 19, 11.
3. 50, 49, 43, 41, 38, 21, 18, 13, 4, 33, 3.

He was rather slow in making up his mind about where to place the cards and pointed out a few such as, "Do you feel that you have no real friends" and "Do you feel you are an unlucky person?" and said no one would say yes to these.

Conference 3

Terman-Merrill revision of the Stanford-Binet, Form. I.Q. 137.

Self-characterization

1. Self-conscious (part of the time)
2. Agree with most everyone
3. Hard to get acquainted with
4. Not satisfied unless I see that I am filling a niche in an organization or my family
5. Rather be alone than in a crowd
6. Disorganized
7. Daydream
8. Have to be doing something and feel that I am accomplishing something

Old Role—Arthur's old role was determined to be that of a non-participant in class, student body, and community. With the family, he has believed to be well adjusted but possibly too closely integrated. In regard to girl friends it was believed that he had become somewhat cynical in hunting for an ideal. His life orientation and plan were fairly acceptable although it seemed his ambitions were more for the enhancement of his ego than of any social value.

New Role—In his new role Arthur was to see himself as an intelligent, ambitious young man who was capable of holding a responsible position in society. In the past he had been learning and it had been permissible for him to remain on the sidelines. Now he had reached the place where, if he were fully to achieve his ambitions, it was time to begin assuming some responsibility for others. Part of his social responsibility could be emphasized through his vocational interests by passing on interesting bits of his knowledge of architecture through lectures and writing. Several activities that might help him carry out this role in real life were suggested by the staff.

Specific suggestions were for him to develop responsibility for another student, to join some professional club, to organize something along the line of his vocational interest, to write an article for the college paper on the architecture of the buildings on the campus, and to talk to some high school boys' club on the possibilities of architecture as a profession. He was to make sure that his work was socially valuable and to use architecture as a means of expression of peoples' ideas and not just his own ego.

Conference 4

He was given a general idea of his new role. He expressed himself as wishing that he could change but he did not know how to do it. He discussed his early life and said that his home life was very happy and the family very close to each other. He said that he was seventeen when he finished high school and that he worked for a year at home and then had worked away from home until he entered school the semester before. He also mentioned a girl friend of whom he seemed to be quite fond. Leading questions brought out the fact that he had been disappointed in girls before but had now made a satisfactory adjustment.

Conference 5

The scenes dramatized were classroom situations and scenes in which Arthur helped another student with his school work. It was suggested that as an outside activity Arthur find some student who needed help with his lessons and that he try to assist him. He was able to cooperate fairly well with the dramatizations and agreed readily to the suggestion that he help someone else and added that he knew a boy in the house where he lived who needed help.

Conference 6

It was suggested to Arthur that he join some professional club and situations were dramatized in which the investigator took the part of a boy friend with whom he was discussing the merits of various clubs. He was not very eager to dramatize this situation as he said that he belonged to the parliamentary law club and felt that he was well adjusted in this line. He also mentioned that he would rather read and was only moderately interested in such things as club activities. At this conference Arthur reported that he was helping another student who was having difficulty with his school work and that he was making an effort to mix more with other students.

Conference 7

Arthur gave a talk to an imaginary group of people that he had got together for

the purpose of organizing a club to study architecture. He also gave a talk to an imaginary group of boy scouts on the value of architecture as a profession. Arthur seemed to enjoy this and it was suggested that he do these things outside as soon as he could find an opportunity and that he write an article for the college paper on the architecture of the campus buildings. He said that he had had four years of debate and enjoyed giving talks but that he felt better when they were planned. He seemed to prefer the idea of talking to writing.

Conference 8

The situations dramatized were all related to helping others. Arthur did fairly well in conference and from the things he said he seemed to be taking more of an interest in others and was more at ease in groups.

Conference 9

The statements on the cards that had been answered in the affirmative were examined and where it seemed advisable, related scenes were dramatized in the new role.

Conference 10

The Nelson-Denny Reading Test for college students—Form B. Score: Vocabulary 52, Paragraph 54, Total 106.

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 75.

Conference 11, May 17, 1940

Terman-Merrill Revision of the Stanford-Binet—Form L. I.Q. 148.

Personality Cards

1. 66, 64
 2. 87, 73, 61.
 3. 100, 98, 97, 89, 79, 71, 68, 62, 60, 57, 55.
1. None
 2. 19, 3.
 3. 50, 40, 39, 22, 21, 18, 12, 4, 1.

Self-characterization

Sometimes I feel impatient with my school work and wonder whether it will do me any good or not. Once in a while I have a longing to travel and be in the middle of some exciting situation or be looked up to by a number of people.

I believe I am less self-centered than I used to be.

I am learning to associate with strangers and I feel much freer when among them.

Formerly I was slightly absent-minded and inclined to daydream; a condition which I believe I will be able to overcome through conscientious practice. I feel more stable now, am happier and, I believe, much less an introvert.

SECTION II

JOHN

Conference 1, November 17, 1939

John, a freshman born September 9, 1920, was referred to the investigator by the clinic director. He belonged to the German-Russian nationality who were quite numerous in the vicinity. However, very few of this group attended college and they were discriminated against by the student body. As his older brother had

previously received guidance at the clinic, John was given some test not given to the others who were studied in order that he might be compared with his brother. Nelson-Denny Reading Test for college students—Form A. Score: Vocabulary 12, Paragraph 8, Total 20. The Henmon-Nelson Tests of Mental Ability for college students—Form A. Score: 28.

Conference 2.

Kelly Speech and Reading Test was given. This showed a number of fixations and very slow silent reading time, but otherwise there was nothing particularly pathological except that while he was right handed there was a slight lack of dominance indicated.

Cornell-Coxe. He was above normal in all but the picture arrangement test where he fell to a mental age of 9 years and three months.

Conference 3

Terman-Merrill revision of the Stanford Binet—Form M. I.Q. 104.

Personality Cards

1. 98, 81, 80, 70, 66.
2. 96, 93, 85, 82, 77, 72, 67, 65, 51.
3. 100, 97, 94, 91, 87, 76, 95, 74, 73, 71, 69, 68, 59, 57, 54.
1. 43, 35, 30, 16, 12, 8.
2. 42, 39, 38, 32, 38, 22, 13, 3, 1.
3. 50, 46, 45, 41, 40, 34, 31, 26, 20, 19, 17, 14, 11, 10, 9, 6.

Old Role—The committee decided that he was somewhat resentful and had feelings of inferiority and disorientation, also that he was slightly sadistic.

New Role—For John's new role it was suggested that it would be advisable to build up his pride in his ancestors and to bring out the idea that they had been pioneers and that he was pioneer in a school of pioneers. He was to take the attitude that he was to have difficulties so that it would be easier for others of his nationality who came after him. His role was to be changed particularly in regard to the community and student body. It was suggested that the investigator learn what some of his problems in school had been, especially if people had been making fun of him as was thought likely, and then to go over these, having him act conspicuously the part of the "clodhopper" or "hick from the country" and then impress on him the idea that he came from good stock and did not have to remain this way.

Conference 4

Orientation conference. The new role was explained to him and he seemed to accept it.

Conference 5

Dramatizations were attempted along the lines suggested but with poor response. The investigator talked with him and decided that there was already considerable change, part of it along the lines desired.

Conference 6

He had been observed on the campus and in the classroom by the clinician and clinic director and he appeared to have changed considerably and have a good deal more self-confidence. Again the dramatization was tried with poor results. The clinician then went over things much as had been done in the orientation conference. He said the way he had been pictured had been about right at the time he first started to college but that he was getting along all right now and did not need much change. He went ahead talking and mentioned several points, one was that

he hadn't been going with girls but that it wasn't because he was afraid of them but that he hadn't found one in whom he was interested. He also mentioned his vocational ambitions saying that he planned on attending two years of school at Hays and then going some place where he could get better training in vocational agriculture and becoming a county agent.

Conference 7

After a talk with the director and further observation, it was decided that he had accepted part of his new role, as evidenced by his self-confidence and apparent adjustment and greater participation in social life, and that probably it would be best to complete the conferences and see how much he would change of his own accord. Therefore, he was again asked to sort the personality cards with the following results:

1. 22, 9.
2. 12, 33, 40, 42, 41, 23.
3. 32, 39, 43, 38, 19, 45, 28, 3, 1, 17, 30, 31, 34, 43, 7, 13, 14, 31, 34, 8, 10, 50, 6.
1. 66.
2. 81, 70, 59.
3. 61, 60, 74, 98, 93, 94, 51, 54, 58, 63, 75, 85, 87, 89, 97.

He was also asked to characterize himself and he said that he thought he had changed a good deal since he had first started to school. He said that at first he had become discouraged and was ready to give up his plans but now he would not do that. He had decided to carry fewer hours the next semester and get his school work better and then expected to take more later after he is more used to school. He said that he was still afraid to say things in class for fear someone would laugh. An attempt was then made to dramatize classroom situations but he still could not cooperate very well.

Conference 8

It was decided to attempt dramatizations of several typical situations before completing the conferences. Those tried were classroom situations and among other things he was asked to give an impromptu report for something in his English class. He was then asked to pretend he was asking a girl for a date and later carrying on a conversation with her between dances. He then tried to imagine he was talking to a group of boys at a fraternity party, was nominating a friend for popularity king in student assembly, and was talking to a boy who was throwing rocks at a little dog. He did not do very well at dramatizing but always hastened to express his opinion regarding each situation, and again there was considerable change noted from his first responses.

Conference 9

The Nelson-Denny Reading Test-Form B. Scores: Vocabulary 13, Paragraph 14, Total 27.

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 34.

Conference 10, January 12, 1940

Personality Cards

1. 34, 21, 8.
2. 35, 18, 39, 33.
3. 46, 30, 36, 20, 17, 19, 14, 7, 32, 23, 40, 42.
1. 66, 81, 97, 85.
2. 59, 89, 51, 77, 67.
3. 93, 75, 54, 100, 96, 84, 86, 76, 73, 69, 52, 61.

Terman-Merrill—Form L. I.Q. 113.

The test results had not indicated as much change as might be expected judging from other experience. In this connection it might be said that the work of the clinic with other college students using other types of therapy has generally yielded much more marked results, sometimes as much as from the 30th to the 80th centiles on an intelligence test. In this case, however, there was no attempt made to mobilize his personality improvement along intellectual lines. Between the middle of November when the initial testing was done and the middle of January when the terminal testing was done, he changed from a point score of 20 to 24 on equivalent forms of the Henmon-Nelson Intelligence Test, made a slight change on the reading test, and raised his I.Q. from 104 to 113 on the Terman-Merrill revision of the Stanford-Binet. Since the therapeutic results were not mobilized along intellectual lines during the original treatment period, it was thought perhaps if the personality changes were really as far reaching as they appeared, they would subsequently mobilize themselves along intellectual lines.

Conference 11, April 30, 1940

On April 30, 1940, John was again called in and given the Henmon-Nelson test, Form A, and it was found that his intelligence rating had gone up to a point score of 41.

SECTION III

ROBERT

Conference 1, November 21, 1939

Robert was an old chronic simple schizophrenic who was born March 8, 1896, as nearly as he could remember. He was attending his first year at Hays as a senior after a number of years out of school. He had been living on a farm with his parents for a good many years but had suddenly decided to return to school so that he might become a mathematics teacher and had borrowed enough money on his life insurance policy so that he could enroll. It was known to the clinician that he was existing on practically nothing and his school clothes consisted of a pair of new overalls. One of the instructors was encouraging him in his ambition to be a teacher and he came to the clinic solely because he believed that we would help him get better grades and he was getting worried about how poorly he was doing.

Personality Cards

1. 99, 67, 63, 85.
2. 66, 82, 64, 84, 51, 98, 69, 59, 77, 54, 100.
3. 78, 87, 88, 81, 55, 60, 75, 80, 79, 93.
1. 18, 11, 19, 39.
2. 17, 6, 3, 38, 25, 10, 5, 35, 30.
3. 1, 47, 13, 44, 36, 48, 31, 34, 15, 14, 4, 8, 2, 23, 22, 20.

He was very slow and uncertain in his placement of the cards. When asked to characterize himself he seemed unable to do it and so was asked instead to make a list of personality traits which he particularly liked and disliked which he gave as follows:

Like

1. People who look after their own business
2. Those who are kind
3. Industrious (keep things looking nice and have energy)
4. Support beneficial public enterprises (especially in education)
5. People who believe in education

Dislike

1. People who willfully commit wrongs and do not try to improve (wrongs such as teasing people and stealing)
2. Those who are filthy and won't clean up (He explained filth as meaning those whose clothes were dirty and who used tobacco).

Conference 2

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 30.

During the test Robert got up suddenly and left the room but returned a few minutes later and completed his work without making any comments. Time was checked and taken out while he was gone.

The Nelson-Denny reading Test—Form A. Scores: Vocabulary 36, Paragraph 22, Total 58.

Conference 3

Terman-Merrill revision of the Stanford-Binet—Form M. I.Q. 106.

It was necessary to go back to XI years to get a basal age. On year XII he missed two, on year XIII he missed three, on year XIV he missed one, on the average adult he missed four, on the superior adult one he missed two, on superior adult two he missed four, and on superior adult three, he missed all of them.

He also turned in a list that he had written outside of his good and poor qualities which are as follows:

Good Qualities	Poor Qualities
Determination	Sullen
Consideration	Repulsive
Humility	Poor memory
Respect	Selfish
Willingness	Overbearing
Responsibility	Poor balance (partially erased)
Energetic	Jealous
Truthfulness	
Sincerity	
Kindness	
Stability	
Uniformity	
Eagerness	
Economical	
Patriotic	
Devotional	
Faithfulness	
Loyalty	
Helpfulness	
Ambitious	
Regularity	

Old Role—It was decided that he felt repulsive and that he was ashamed of something.

New Role—For his new role, it was thought it would be advisable to set up as an ideal the faculty member who was encouraging him to become a teacher. He was to observe in this man such characteristics as his stability and friendliness, his interest in propounding questions, his patience and kindness, and the way that he looked people straight in the eye when he talked to them and answered questions clearly.

Conference 4

Robert came early and interrupted the clinician with another case. He said later that he had forgotten the time that he was supposed to come. He had just received his 9 weeks grades and wanted to talk about these. He said that the school and most of the instructors had been treating him unfairly. The clinician attempted to explain his new role but he kept interrupting and seemed to have difficulty in following her ideas. She then asked him what he expected to do when he finished college and he said that he expected to have no difficulty in finding a job in a small high school when he finished college; there he would have a chance to show his ability and they did not emphasize the baser things, which he explained as meaning immoral things and “novels that weren’t worth anything”. He was asked what he would do if he could not find such a school and he said that he would be satisfied as people will “respect a man who has a degree”. The faculty member that it had been planned he was to model was then mentioned and his good characteristics pointed out and it was explained to Robert that if he would try to be like him in these things, it would help him to influence people and make it easier for him to get a job. He started telling the clinician the things he did not like about this instructor and objected to following him and became more reserved. The clinician then explained to him that what he said would not be repeated except to the director, if he would give her permission to do this, and that we dealt with a great many people and he should not consider anything that was said to him too personally. He became more responsive again but came back to the subject of his grades.

Conference 5

The clinician attempted to get Robert to play his role in different situations but while he would at first seem to be accepting her suggestions when she tried to get him to dramatize a situation he could not cooperate. He could see no reason for changing and no sense in doing what the investigator desired. She emphasized his good points and told him that since he was planning on becoming a teacher and was going to change his way of life she was merely trying to help him prepare himself so that he could make a good impression and get a better job. She also said that she wanted to help him be a good teacher which she knew that he wanted to be from what he had said and she believed that he would be. The conference was closed for that day with no more attempts at dramatizations.

Conference 6

Robert was asked to play the part of a teacher explaining an algebra problem and to be sure that he spoke distinctly as of course a good teacher must be easily understood. He went to the blackboard and began explaining a problem to the

clinician. He spoke more clearly than usual and seemed to enjoy what he was doing.

The investigator then pointed out that he must remember to do this outside, especially in classes, and suggested that he ask questions about things he did not understand in his classes.

Conference 7

Robert came an hour early for his appointment and the investigator asked him if he wanted to change the time for it but he said no that he had just forgotten. He had brought some books and he wanted the clinician to review him. He said that since the semester was about over he had decided to come to review that day and then to stop coming. The only thing he seemed able to think about was the final examination which was coming up. He promised to come for at least one more appointment before he quit and he was then sent to another clinician who helped him with his reviewing.

Conference 8

There was no attempt at dramatization. The clinician gave Robert considerable encouragement, emphasizing his good points, and showing a great deal of confidence in his ability. He left smiling, after saying that it helped a lot to find someone who had confidence in him as sometimes he thought no one had. He agreed to come back for his final tests and while the clinician invited him to come back any time that he needed help or wanted someone to talk to. He never came back after finishing the tests. However, for some time after this he was frequently seen in the neighborhood of the clinician's house standing and looking at it. Sometimes he was in front and at other times in the alley watching the back door which she usually used as an entrance.

Conference 9

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 29.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary 31, Paragraph 10, Total 41.

These tests were given under somewhat unfavorable conditions. He objected to the distractions and said it himself several times, "It's a scheme; it's a scheme".

Conference 10, January 24, 1940

Personality Cards

1. 90, 88, 55, 71, 73, 75, 54, 51, 66, 89, 83.
2. 99, 94, 74, 61, 79, 86, 76, 100, 72, 67, 97.
3. 63, 69, 84, 95, 85, 96, 76, 70, 77, 91.
1. 7, 9, 25, 48, 45, 1, 30.
2. 19, 23, 5, 10, 2, 4, 26, 31, 47, 45, 39, 21, 8.
3. 36, 14, 41, 15, 29, 37, 42, 28, 22, 13, 3, 34, 35, 33.

Terman-Merrill—Form L. I.Q. 103. He completed all of year XIV correctly, missed three on the average adult, missed four on the superior adult one, and all of the superior adult two.

SECTION IV

BETTY

Conference 1, November 15, 1939

Betty was a freshman, born November 25, 1921. Her main difficulty seemed to be caused by her hyper-thyroidism.

The Nelson-Denny Reading Test—Form A. Score: Vocabulary 28, Paragraph 42, Total 70.

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 34.

Conference 2

She was above normal in all but the picture arrangement test where she fell to a mental age of 10 years and six months, and the cube construction where she fell to a mental age of 12 years.

Conference 3

Personality Cards

1. 4, 3.

2. 40, 45, 48, 10.

3. 44, 43, 41, 35, 34, 33, 32, 1.

1. None.

2. 51, 54, 66, 97, 93, 87, 79, 72, 70.

3. None.

Self-characterization

I like to mix with people, don't like to be alone,

Follower

Not dependable

Flighty

Talk too much

Seldom gets angry but once that way am slow to get over it

Likes

I like the sort of person who can mix with people and entertain without getting excited. One who is sympathetic and understanding. I don't like the sort of person who lies, is two-faced, and brags too much.

Old Role—It was believed that she was easily frustrated and got disgusted and gave up quickly.

New Role—In her new role she was to think of herself in some job, possibly as a newspaper reporter. She was to be the one who looked for essentials in problems and treated people as interesting cases; one who was understanding and sympathetic, and she was to learn to feel that every new thing had something good in it.

Conference 4

Orientation conference. Classroom situations were dramatized. She responded fairly well.

Conference 5

Situations dramatized:

1. Conversation with a girl friend who called her "scatterbrained" because she forgot an appointment.
2. Conversation with a "date".
3. With a group of people at a social gathering.
4. Conversation with a friend who told her hyperthyroids were "dumb".
5. Recitations and questions in class.

Emphasis was put on being well-poised and sophisticated. Her role was outlined to her again and at the end of the conference she said this had brought things to her mind better than she had ever thought of them before. She said that she had been trying to remember to practice her role outside.

Journalism and dramatics were suggested as outside activities.

She left to attend a girls' school the second semester and the final testing was not done until the following summer. At that time there seemed to be a considerable change in her personality along the lines of planned role.

Conference 6, August 8, 1940

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 43.

Terman-Merrill—Form L. I.Q. 129.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary, Paragraph 46, Total 84.

Personality Cards

1. None.
 2. 93, 72, 66, 51, 79, 87.
 3. 59.
1. None.
 2. 7, 22, 34, 46, 45, 41.
 3. 35.

Self-characterization

Happy
Not very dependable

SECTION V

FRED

Conference 1, November 14, 1939.

Fred was a freshman, born October 22, 1922. He came to the clinic principally because he was interested in improving his grades and he was referred to the investigator by the clinic director.

Personality Cards

1. 94, 79, 66, 61.
 2. 98, 69, 68.
 3. 93, 73, 65, 59.
1. 18, 19, 45, 12, 8, 39, 1, 28, 20.

2. 17, 4, 3, 48, 47.

3. 10, 35, 32, 38, 46.

Self-characterization

Make friends easily

Self-confident

Not bashful

Good appreciation of fine arts

Appreciation and respect for elders and unfortunates

Believe in being especially clean

Have few intimate friends

Live mostly in the future

Used to get depressed easily

May be hasty in forming opinions

He said that he liked the sort of person who was witty, good at bluffing but usually able to back it up, one who had prestige, and who did not commit himself.

He did not like the sort of person who was overbearing, a hypocrite, and had an air of superiority.

Conference 2

The Nelson-Denny Reading Test—Form A. Score: vocabulary 40, Paragraph 48, Total 88.

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 58.

Terman-Merrill—Form M. I.Q. 139

Conference 3

Old Role—He was characterized as having a lack of ego strength.

New Role—He was to adopt the role of a person who worked quietly and was far sighted, one who did not expect his rewards immediately. He was to be thorough and build solidly for the future with a broad background so that he could feel that he always had plenty of knowledge and reserve. He was to build so that he could handle any situation without having people make a fool of him.

Conference 4

Orientation conference. An attempt was made to introduce Fred to his new role. He talked readily and said that his ambition was to become a composer. He mentioned that he felt depressed when he thought his mother was unhappy and talked of his relationship to her. The clinician attempted to get him to dramatize home situations and to take an understanding attitude in regard to his mother.

He did not seem interested in the dramatization and seemed little interested in the new role. Debate was suggested as an outside activity but he said he was not interested in it.

Conference 5

This conference was short. Fred was told to think up several situations that would best test him and to bring a list of these next time. Dramatization was not successful.

Conference 6

The situations Fred suggested were as follows:

Put on own financially
Make honor roll or quit school

He also mentioned that he did not like to go to parties. An attempt was made to dramatize situations related to these things but he continued to talk rather than dramatize and made no attempt to play the new role. He was asked to think up some more situations for the next conference.

Conference 7

Fred had not thought of any new situations. An attempt was made to have him play his role of being confident rather than "cocky" in conversations with different people but without much success. He said that he felt he was becoming better adjusted in school but when any change was suggested he seemed satisfied with his old role.

Conference 8

The Henman-Nelson Tests of Mental Ability—Form B. Score: 60.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary 46, Paragraph 38, Total 84.

Conference 9, February 15, 1940

Terman-Merrill Form L. I.Q. 146.

Personality Cards

1. None.
2. 97, 95, 94, 87, 79, 75, 72, 66, 65, 64, 61, 60, 59.
3. 99, 98, 92, 88, 84, 80, 77, 74, 73, 71, 38, 63, 62, 58, 57.
1. None.
2. 23, 46, 19, 17, 8, 43, 45, 20, 30, 41, 39, 1, 4, 35, 10.
3. 32, 16, 37, 47, 7, 38, 40, 18, 14, 6, 26, 33, 3, 31, 12, 22, 48.

Self-characterization.

Have mental ability
Ambitious—in some things

SECTION VI

HELEN

Conference 1, November 25, 1939.

Helen was a sophomore, born May 21, 1919. She had heard through the investigator something of the type of work that was being done and came to the clinic principally because she looked upon role therapy as another type of adventure. She accepted her role at first but soon had others setting up roles for her as well. The desire for adventure was probably associated with her slight homosexual tendencies. During her college life she had seemed to enjoy playing the role of the "scatterbrained" child. She had been raised by her grandparents who had humored her. Her parents had been separated during most of her life but were at that time back together and she told how her mother liked to baby her when she visited them and how she let her do it and enjoyed it.

Personality Cards

1. 57, 80, 90, 94, 61, 72.
2. 59, 79, 73, 58, 87, 88, 100, 93, 84, 66.
3. 98, 65, 86, 97, 69, 82, 77.
1. 23, 2, 39, 24, 27, 32, 41, 42, 10, 35.
2. 22, 34, 17, 30, 3, 11, 12, 46, 33, 9.
3. 31, 29, 8, 1, 4, 18.

She said that she liked the sort of person who was very intelligent, traveled and experienced, always busy, kind and understanding, broadminded and a leader.

She did not like someone who has an air or superiority.

She thought she would like to be the sort of person who was well informed, cultured, grown up, and sophisticated.

Conference 2

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 64.

Conference 3

The Nelson-Denny Reading Test—Form A. Score: Vocabulary 45, Paragraph 58, Total 103.

Conference 4

Terman-Merrill—Form M. I.Q. 142.

Old Role—It was decided by the committee that Helen lacked control over herself and felt inadequate socially. She seemed to be continually being brought under forces over which she had no control. Her parents frightened her and she was ashamed of them. Life seemed to be autonomic. She felt unpopular and had no real friends.

New Role—In all situations she was to take the part of the friend to the friendless.

Conference 5

Orientation Conference. Helen was introduced to her new role. Study was then discussed and classroom situations dramatized. She responded very well and appeared to enjoy the situation. It had been decided to make the new role very general and to let her decide more specifically the type of person she wanted to be. She said she wanted to be mature, understanding, and to take responsibility but by the next conference she would try to have decided more exactly.

Conference 6

Conversations with Helen's current favorite girl friends were dramatized. As the investigator was well acquainted with both the girl friend and the case, she knew that both of them were inclined to lean on others and tell them all their troubles. Helen was given the idea that in her new role she was to be the one who was to take the responsibility for the girl friend and try to help her and be understanding of her difficulties.

Vocational plans were discussed and she mentioned three things that she thought she might like to do. These were to be a nursery school teacher, a social worker, or a journalist. The clinician then had her explain why she thought she would like to be each one of these and had her tell what she thought the advan-

tages and disadvantages of each would be, and also how she could best prepare herself for each one. Apparently she had done no clear thinking along this line before but she was quite cooperative.

Conference 7

In the first situation dramatized, Helen carried on a conversation with her boy friend on a date. Then a home situation was tried which she babied her mother rather than letting her mother baby her. Following this she tried visiting with different girls at the sorority house. She played the parts well.

Conference 8

Helen said that she had been practicing her role outside. Get acquainted conversations were dramatized and the value of making new friends was emphasized. The only other point emphasized then was that when she sat down to study she should keep at it and she should concentrate on only a few important points.

Helen also turned in a short summary of what she thought the clinic had been doing for her. This read as follows:

When I first started coming up to the clinic there were a lot of things wrong with me. I had an inferiority complex and felt that I was being abused. I was very childish and yet I resented being treated as one. I dressed childishly, talked and acted as one. I was too dependent on other people. I wanted to grow up but I didn't now how.

I had lost confidence in my ability to make good grades and at times was doubtful as to whether my mentality was high enough to make them. I wasn't making new friends nor particularly making any effort to make any.

Conference 9

Situations regarding the community were dramatized. Helen was encouraged to take a more active part in student government, in church and clubs. She did not do as well on this occasion and later told the clinician that the girl friend mentioned before was also helping her change. A start was made on the situation recheck.

Conference 10

A start was made on the situation recheck. Community situations were dramatized and her role in all situations reemphasized. Conversations with the girls friend were redramatized and she was told that in her new role she must help the girl friend and not have her setting up new roles that she herself would follow. She did not cooperate as well as at the first but she said she had been making new friends. Dramatics and dancing were suggested to her as outside activities and she agreed that she needed some means of expression and would take up some of such activities.

Conference 11

The situation recheck was completed. There seemed to be some improvement in Helen's responses, but there was still a lack of confidence.

It was learned about this time, but outside of the conferences, that Helen had written to one of her old school teachers asking for suggestions which she might change and she had received a number of suggestions which she was apparently making some attempt to follow.

Conference 12

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 37.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary 46, Paragraph 38, Total 84.

Conference 13, April 8, 1940

Terman-Merrill—Form L. I.Q. 139.

Personality Cards

1. 73, 57.
2. 84, 61, 87, 97, 82, 72, 66, 59, 100.
3. 79, 86, 99, 81, 67, 64, 51, 58, 55, 88.
1. 22, 12, 4, 11, 8, 2, 34, 23, 31.
2. 32, 3, 33, 1, 19, 39, 41.
3. 46, 9, 26, 18, 35, 30.

Self-characterization

A follower but I think I could be a leader

Stubborn

I think people run over me.

Frank

Broad-minded (I think)

Section VII

MAXINE

Conference 1, November 14, 1939

Maxine was a senior, born November 17, 1939. She came to the clinic at the suggestion of her roommate who was a psychology student and was referred to the investigator by the clinic director. She said she had been worn out all the time and was unable to sleep and she mentioned that the doctor had given her some sleeping pills and she had been considering taking an overdose in hopes that it would kill her. It also came out early in conversations that she had never had a date. She talked readily and told of her early home life and how she had hated her mother and grandmother, both dead now, and how she had sometimes thought of killing them. She dreaded going home as she said her father and brother always expected her to do so much work that it wore her out.

Personality Cards

1. 69, 90, 91, 97, 54, 85, 67, 51, 77, 81, 70, 84, 100, 75, 86, 74, 86, 74, 99, 65, 73, 68, 61.
2. 62, 82, 72, 58, 76, 93, 66, 94.
3. 57, 87, 80, 89, 64, 60, 71, 92, 59.
1. 15, 71, 21, 25, 29, 24, 33, 34, 41, 22, 42, 30, 4, 17, 20, 6, 1, 39, 45, 19, 18.
2. 26, 45, 34, 3.
3. 31, 32, 48.

She was not asked to characterize herself at first but did list personality traits that she liked and disliked.

Likes

Lack of cruelty (She added that sometimes she would like to be cruel).
Courage
Sense of humor
Poise
Independence
Self-sufficiency
Intelligence
Kind and understanding

Dislikes

Person who gets angry easily
Irritable
Person whose feelings are easily hurt
Feeling sorry for herself
Nervous
Someone who chatters and talks about themselves.

Conference 2

The Nelson-Denny Reading Test—Form A. Scores: Vocabulary 61, Paragraph 48, Total 109.

Conference 3

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 41.

Maxine kept wiggling and shuffling her feet all the time she was taking the test. At the end of the test she said she was worn out and that after the last appointment she had felt sick and had been unable to sleep. She said that it was not the tests that worried her but just that she was unable to sit down and do anything at home or at school. She said that she had not felt that way until coming to Hays and mentioned that she had attended school at Manhattan one year and then taught for five years before returning to school at Hays.

Conference 4

Terman-Merrill—Form M. I.Q. 129. It was learned later that she could have had access to this test before taking it and that she had known that she was to be given an individual intelligence test, therefore, the validity of this test and the Form L, Terman-Merrill given later was questioned.

Old Role — It was decided by the committee that Maxine felt herself undesirable and believed that she could not have normal friendships because of this she had decided to become resigned to fate and had become depressed. She was also somewhat sadistic.

New Role — For her new role Maxine was to be given the idea that instead of lacking experiences she had many that others had missed. She should be kind and inject kindness into her pupils because she knew what a lack of kindness meant. Self-reliance, and unselfish attitude, and an understanding attitude were to be built up. An attempt was to be made to change her personal appearance also, so that it would fit the new role.

Conference 5

The new role was explained to Maxine. She talked about her early life and she said that her family had always told her she was dumb. She also mentioned her brother, who was only four years younger than she, and said that he was a "baby" and that he would like to change. At the time she was wearing a dark blue dress, no make-up, hair done unbecomingly, and rimmed glasses. As a start in changing her personal appearance it was suggested that she wear nail polish and make-up to add a little color and help her to feel different.

Conference 6.

Maxine came to the conference wearing make-up, fingernail polish, a gay colored sweater, and had her hair fixed more becomingly. The investigator commented on her improved appearance and she remarked that when she was little, one teacher and the children had made fun of her because of her clothes and her family. She said she saw this teacher sometimes and she always pretended she was sure of herself and better than she really was when around her.

The clinician helped her dramatize a meeting with this teacher and as she had also mentioned that she still worried about people making fun of her a typical situation of this kind was dramatized. She responded fairly well, especially in the first situations. The clinician then explained a little more fully the object of the dramatization and she decided that she had always liked to act and that this would be fun.

Conference 7

An attempt was made to get Maxine to dramatize different family situations but she did not cooperate very well.

Conference 8

Maxine had just returned from a visit to nearby schools with other practice teachers and she mentioned that she did not believe the supervising teacher had been ashamed of her on the trip as she had acted the role of the self-assured, understanding person. As she was expecting to go ahead with teaching several types of situations were dramatized with Maxine in the role of teacher. The investigator took different roles such as a child getting into mischief, and a very "dumb" child who could not understand the problem the teacher was trying to explain. She was quite cooperative and seemed to enjoy the conference.

Conference 9

Maxine immediately started talking about how she dreaded to go home for the coming holidays and said that she was also worrying about having to go home for the summer. Different hobbies were suggested and several attempts made to get her to play her role in regard to home situations but this met with little success.

Conference 10

Maxine gave a detailed account of her vacation and pitied herself because she had had to work "too hard" while she was at home. She seemed rather resentful and no attempt was made at dramatizations because it had been so long since the last conference that it was believed another orientation conference was necessary. She spoke of her experiences at the dormitory and a book that she had been reading that had made her decide to become a social worker as she said she really did not like to work with children.

Conference 11

When Maxine appeared for this conference she seemed quite depressed and uncooperative. The investigator tried to get her to carry on conversations with individuals or groups in various social activities but she refused to try. The clinician then asked her if she would like to dramatize some other type of situation that day or what she would like to do. She replied that she didn't know, that all she wanted was peace. The investigator then encouraged her a little regarding how well she had been doing at first and emphasized a few points of her new role that she should remember to be practicing.

Conference 12

Maxine started this conference by notifying the clinician that she had decided to go to a neighboring town for a few days so that she could be by herself and think things out and decide what sort of person she really wanted to be. At first she refused to attempt any dramatizations and she said she wanted to wait until she had decided what sort of person she was going to be. Later she told of some experience with her roommate and spoke of her in a very resentful manner. The clinician then had her go over the situation in her new role and she cooperated fairly well. As she was still determined to make the trip an appointment was made with her for the day after she returned.

Conference 13

Maxine returned from her trip with a summary of what she wanted to be and to do and this was discussed.

The summary is copied below.

Accepted as a person—not criticized.

Emotionally stable—laugh at self—enjoy life—will learn to play tennis and other games—face facts—socially mature—own fault that I feel tied down at home—want to feel at home anywhere—be with more mature people—be able to carry on a good conversation.

More poise—feel secure.

Help others but not overdo it.

Understanding.

Thoughtful—not hurt others to get own ends—make other lives brighter.

Kind—not spoil others' pleasure (fun at others' expense)—not look down on others.

Interesting—need to forget self—find out others' interests—be an authority on someone—be up on current topics.

Financially independent.

Gracious and charming—have dignity, be kind, thoughtful, pleasant—be best self.

Cheerful.

Unselfish.

Tactful.

Religion.

There is a God.

Should pray.

Should read Bible but not misinterpret for own ends.

Attend church.

Worship.

Vocation.

(She used a vocational guidance test she had given herself as a guide).

Principal of grade school.

Personnel counselor (first choice).

Social worker.

PEACE

Would be peaceful if not criticized—if accepted as a person.

Summer plans

Go home.

Geographic magazines (clip & file) and other magazines.

Go through collections.

Read.

Ride bicycle.

Visit in Iowa.

Possibly go to Estes (for a short time).

Make a plant survey and collections.

Bird identification.

Hikes.

Might take trip with girl friends.

Experiment with house plants.

Conference 14

Maxine immediately began to tell of difficulty with her housemother. She said she had kept her temper and played her “natural” role much better than she could have a while back. This situation was dramatized and as she mentioned having difficulty in one of her classes, classroom situations were dramatized. She cooperated very well.

Conference 15

Maxine reported that she was trying to take a more active part in class and thought that she was improving. Conversations with men in campus situations and on dates were dramatized. It was suggested that she take more part in social activities and that she might organize a group who would be interested in the same things that she was and did not get out much. Before her trip Maxine had spells of being resentful and “kittenish” by turns. After her return she did not resort to either of these habits until she knew the conferences were about to be terminated.

Conference 16

Situation recheck was held. Some of the situations related to statements in the cards were dramatized.

Conference 17

In this conference there was a recheck on situations. Maxine said she was worried because some of the teachers in the education department did not like her and she thought this might keep her from getting a good job. The clinician tried to get her to dramatize conversations with some of them telling them of her interest in her work and how she believed she had changed, but she refused to try. The clinician then dramatized a typical situation as she did it when she first came to the

clinic and then the way she had been acting in her new role.

Conference 18

No dramatizations were attempted. The work that had been done was summarized and Maxine was given considerable encouragement.

Conference 19

This time emphasis was put on taking part in outside activities. Maxine said that she was afraid sometimes that she might start getting the "blues" again. The clinician suggested that if she did to pick out a certain time each day to sit down and tell herself that she was going to be "blue" then and to not let herself get depressed except during that time. The idea seemed to amuse her and emphasis was then put on the fact that she could control her mind if she wanted to do so. She started giggling and became slightly "kittenish" once during the interview and the investigator immediately went over the situation copying her and then doing it again in her "natural" well-poised role and then had her do it that way.

Conference 20

A few of the situations were again rechecked. A few mental hygiene rules were outlined and Maxine was given a liberal amount of reassurance. She asked near the end of the hour if the conferences would have to go on much longer as she did not think they were necessary.

Conference 21

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 42.

Conference 22

Personality Cards

Maxine did not hesitate and remain undecided this time while sorting them.

1. 99.
2. 100, 66.
3. 72, 57.
1. None.
2. None.
3. 39.

Self-characterization

Self-confident
Independent
Usually cheerful and happy
Not moody
Have some poise
Know what I'm going to do and how to do it
More thoughtful and understanding

Conference 23, April 1, 1940

The Nelson-Denny Reading Test—Form B. Scores: Vocabulary 68, Paragraph 58, Total 126.

Terman-Merrill—Form L. I.Q. 143.

Maxine had voluntarily brought a summary of what she thought had been accomplished. This is copied below.

SUMMARY

- I. Emotionally upset because
lack of adjustment to environment. (Home
(grandmother
(Community
(school
(Mother
(social psy.
(Eves—Davis
- Because I didn't I became
(nervous
(self-conscious
(self-centered
- As a result I (didn't understand others
(worried
(couldn't sleep
(digestive disturbances
(insecurity
(no one loves me
(escape-fiction-movies
(working
- Then I came to the clinic
-(make a different Person)
You - 1. shocked me.
- 2. thinking about different things.
3. showed me how silly I had been acting.
4. made me want to become a definite type of person.
5. showed me how to understand others.
- I learned - 6. emotions are caused by instincts. Can't help emotions but
can control them.
7. instead of worrying, find something to do.
8. mind can rule over matter.
9. don't have to do anything but die.
- Now - Interest centered about my work instead of my every feeling
and every emotion, pain.
- Probably - never marry. I'll be well adjusted because I'll be interested
in my work.

SECTION VIII

MARGARET

Conference, 1, November 8, 1939

Margaret was referred to the investigator by the clinic director. She never dramatized very well during the conference but from other observation she

changed considerably, partly along the lines desired. She was continually finding some excuse not to keep her appointments, usually that she was too busy or sometimes that she forgot.

Personality Cards

1. 66.
2. 51.
3. 97, 91, 89, 81, 77, 72, 62, 61, 58, 57, 56, 52.
1. 3.
2. 39, 38, 35, 33, 30, 19, 18, 11, 6, 4, 1.

She was very slow in deciding where to stack the cards.

Self-characterization

Strong-willed

A little bossy

Don't like to be alone very often

Don't like to hurt others feelings

Upset when things are torn up

Not very competent - admire someone who is

Conference 2

She said that she did not like anyone who gossiped. She was very emphatic in stating that she didn't like this. As it was not believed that Margaret had not given a very true picture of herself in the way she stacked the cards, she was asked to do it again. This time there were three piles. The "ones" were the most characteristic, the "twos" somewhat characteristic, and the "threes" were not characteristic.

Personality Cards

1. 97, 62, 69, 81, 51, 89, 59, 91, 72.
2. 93, 79, 61, 65, 57, 88, 76, 70, 73, 77.
1. 1, 33, 38, 19, 13, 30, 35, 3, 22, 8.
2. 39, 6, 11, 17, 41, 18, 41, 21, 42, 26.

On the same day she was asked to again stack the cards with number one pile being characteristic, the number two pile neutral, and the number three pile not characteristic.

1. 66, 76.

2. 97, 51, 81, 62, 79, 69, 61, 89, 68, 73.

Conference 3

The Nelson Denny Reading Test—Form A. Score: Vocabulary 18, Paragraph 22, Total 40.

Conference 4

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 28.

Old Role—Margaret was characterized as feeling inferior and lacking ego strength.

New Role—Margaret was to play the role of one who was exploring and always looking for new freedoms, with the idea that she was capable of handling any situation. Her self-confidence was to be built up and she was to be made to feel that she was living under her own power and would not be bad unless she wanted to and that she did not need to hem herself in with barriers.

Conference 5

Orientation conference. Margaret's old and new roles were interpreted to her and two situations were dramatized. In one she played the part of the teacher and in the other the investigator was the teacher in a typical classroom situation.

Conference 6

An attempt was made to dramatize five situations. The first was another classroom situation, the second was at the sorority party, the third one was to nominate a friend for some office in student assembly; in the fourth Margaret acted the part of hostess at some social function, and in the fifth was a conversation on an imaginary date. She kept a very reserved and defensive attitude all during the conference but agreed to remember outside to play the role of a mature, assured woman.

Margaret did not keep her next appointment and made some excuse for every date suggested or else, if the appointment was made did not keep it. During this time, however, she was observed on the campus and at social activities and she began to take quite an active part in things. This was quite different from the way she acted at first.

The final tests were not dated but were given sometime after this last conference.

Conference 7

Terman-Merrill—Form L. I.Q. 103.

Conference 8, April 8, 1940

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 24.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary 22, Paragraph 20, Total 42.

Personality Cards

1. 35.
2. 33, 10, 3, 1, 21, 18, 6.
3. 38, 4, 15, 27, 23, 22, 42, 41, 30, 39, 29, 17, 19.
1. 66.
2. 93, 99.
3. 51, 61, 72, 57, 97, 100, 77, 80, 81, 85, 91.

Self-characterization

Lack of confidence
Happy

SECTION IX

GEORGE

Conference 1, March 27, 1940

George was a sophomore, born March 27, 1916. He was referred to the clinic by the student advisors. In the first conference he reported that he was tired and could not concentrate. He said that he thought about his family most of the time

and he seemed to feel very resentful toward his father and brothers. Apparently he felt left out and persecuted. He also talked of his health and told of having been sent to the hospital because of an attack of indigestion. In connection with the illness, which had occurred the summer before, he said that he thought they had diagnosed the trouble as being caused by his nerves. However, he considered that his inadequate diet had caused it and then mentioned some food taboos. He had decided that most of his difficulty was due to a lack of vitamin C and mentioned that at the time he became ill, his parents were away visiting and they had left him with all the farm work, which he considered too hard.

He said that he had never made good grades in school. He had attended Kansas State College at Manhattan for three years but he had only about one year's credits. He thought he had not done better because his brothers had left home and his father made him work too hard. He had believed he would do better in another school farther from home, but he had not improved at Hays.

At one time he had wanted to teach agriculture but at that time had no particular ambition. He mentioned that he had not had a date since coming to Hays and had never had much chance to run around with others, either girls or boys. This he blamed on his father's strict rule.

As he thought that his hearing might be bad this was checked and found to be normal. At a later date he mentioned that he could not tell colors and this was checked and he was found to be red-green color blind.

Conference 2

The Nelson-Denny Reading Test—Form A. Score: Vocabulary 23, Paragraph 34, Total 57.

Conference 3

The Henmon-Nelson Tests of Mental Ability—Form A. Score: 43.

Personality Cards

1. 50, 46, 45, 41, 39, 38, 35, 32, 31, 30, 29, 37, 35, 23, 21, 19, 18, 17, 15, 12, 7, 1.
2. 48, 36, 24, 28, 26, 22, 14, 13, 10, 2.
3. 42, 33, 24, 6, 3.
1. 99, 98, 97, 94, 91, 90, 89, 87, 86, 85, 84, 82, 81, 80, 79, 77, 76, 75, 74, 73, 72, 71, 70, 68, 67, 66, 64, 61, 60, 58, 57, 54, 51.
2. 69, 65, 62, 59, 53.
3. 93, 83, 56.

Self-characterization

Easily upset

Make friends easily

Hate to have others know my weaknesses

Can't concentrate

Can't remember well

Touchy about clothes—afraid they are too loud and colors don't harmonize.

Persistent in school work but not in other things.

Conference 4

Terman-Merrill—Form M. I.Q. 114.

At this conference George brought a manuscript entitled Personality which he said was more complete than the self-characterization given before. This is quoted below.

PERSONALITY

1. I attend meetings with other people I know but not those with people I do not know so good.

2. I can be easily talked into doing most anything.

3. I do not know whether people are telling a funny incident or the truth when I talk to them so I most generally have a smile on my face when they talk to me.

4. I haven't had much time to read books, etc. therefore my vocabulary is very small.

5. I have never been in a fight mainly because I have worn glasses and tried to help from breaking them and also saving myself from getting beat up.

6. I did not attend dances until this year mainly because I do not know how. I haven't the extra cash to pay to get in, and I lived too far away from a dance hall.

7. I haven't touched tobacco since I was a sixth grader and I have never taken a drink of liquor in my life.

8. I haven't known much else to do but physical work, I have had no training in mental work (i.e. learn how to study). I have always studied at home by myself and did not have the opportunity to study with others.

9. I tire easily mainly because of my eyesight when studying. It took me 3 hr. Monday morning to read a little over 2 pages from an encyclopedia (i.e. I read and took notes.)

10. I have been told many a time that I am slow, in trying to become quick I break things and therefore become upset.

11. I would like to become more acquainted with the opposite sex but when I go with them I do not know what to do, ordinarily I do not have very much cash with me, therefore, I cannot take her to a movie or anything that takes money, the girls I wish to go with either have a "steady" of their own or my folks do not want me to go with the one I choose. If I do have a "date the folks ask me where I've been, who I had with me, etc., until I have quit going around manily because I hate to be asked so many questions.

12. My cousin moved into town last fall and she showed me how to adjust myself to others and therefore I do not feel so bashful anymore.

13. I have, what seems to me, a dull pain in my head and in the middle of my back just above the hip line. I have noticed, since I am singing in the Baptist Church choir, that I have a dizzy spell when I stand up to sing. I then brace myself to fall backwards into my chair in case I lose all sense of balance. I first got this feeling in the 8th grade when a group of us boys got up to sing. I was to sing in the back row and to the right and when I faced the audience my right leg shot up in the air to the side and I had a feeling I was falling. I quickly grabbed the boy next to me to keep from falling over. I managed to stand up while the boys sang the songs but I didn't attempt to. Since then I cared not to get up in front of audiences when asked to. I sing in the choir because I like to, others are present that I know.

14. I feel since our family has the disposition of wanting to go places alone, that I want to do likewise. Most generally I try to, but I find one of my parents going along with me to see that I get home early and not spend much money

15. I am conscious of my bad breath mainly because of my poor teeth and poorly developed insides. Our food we have at home isn't much; Dad won't buy canned goods such as corn, beans, and fruit. I hate to go with anybody because I breathe in their face when I talk and they back off and get from me as far as they can. I try to chew gum to sweeten my breath but it is an expensive habit and besides my parents ask me not to chew in public.

16. One thing I wish I could be and that is an aviator in the United States Army either at Randolph Field, Texas or Ft. Riley, Kansas. Ever since I was old enough to know what an airplane is I have always wanted to fly one.

17. The condition of poor people has impressed me very much. I only wish I could help them in some way because I can sympathize with them because of my own experiences. The well-to-do-class of people makes me become envious of them.

18. I feel I am not capable of repairing certain things around home, such as, loose chair legs, light sockets, and cords, repairing broken gates, sawing a board, adjusting a motor, etc., simply because I haven't had time to do these things no one seems to want to show because I am too dumb, and I am not quick at catching on.

19. This is the first year I have gone to my teachers to ask them for help. I have always felt that they are too busy to see me and they would not like to take up their time explaining things because they already have in class. Another reason their offices are in with someone else and these other teachers are in at the same time or their helpers are, and I have a feeling they are watching me and smiling or grinning at my dumb remarks.

20. Since I take very little part in things, I often remember certain instances at home that I don't forget, and if I am doing something I think of them instead of noticing what I should really do.

21. I am always careful not to hurt anyone, either at meetings where my folks take me or in the homes of those where I am invited. I mean I am always conscious that I will do something wrong.

22. I have always formed the habit of waking up at 5 o'clock every morning and going to bed at 8 in the evening. Since I am a slow reader I study in the library until 9:30. Now I get less sleep and I become tired after dinner time and I often "doze" for about 30 minutes and I have been unable to overcome this. In the mornings I wake up and feel as tired as I went to bed.

23. I cannot remember all the things I am told to do mainly because I cannot seem to concentrate and mostly I don't hear what they want and can't catch their meaning, therefore I don't ask because I don't want them to get mad and shout at me because I hate to be shouted at.

24. I think the main reason why I am hard of hearing is because I was always knocked around with my head and ears and therefore I have those dull headaches and stopped up ears.

25. I have never learned the names of colors but I can most generally distinguish between each color. I try to get my clothes to match as near as possible with my hair, eyes, and complexion. Most generally my relatives get me clothes that don't fit or do not match so I discard them and wear what I have.

26. I have learned to drive a car mainly through our hired man while delivering milk. When it was up to me to drive it alone I was 16 yr. of age and had 20 miles to drive everyday. I did not drive more than 40 miles per hour and as yet I have had no accidents. I do not believe I could name more than 10 parts to a car if I was asked to.

Old Role—It was decided that George had systemitized delusions of inferiority.

New Role—In his new role circumstances were to be minimized and George was to learn to stop making excuses for everything.

Conference 5

Situations were dramatized regarding classroom activities and conversations with a girl friend. These imaginary dates were to be to things that cost little or nothing and a number of suggestions were made as to things that he could do. He cooperated fairly well and said that he had been taking a more active part in classroom discussions of late. His health was also discussed and he was told to look up things on Vitamin C to find out what foods contained it and what a lack of it caused. Suggestions were made as to where he could find this material. His personality outline was quoted to him in regard to classroom situations and dates and it was pointed out that if he remembered his new role he could change regarding these things.

Conference 6

The dramatizations pertained to activities with the student body. His cooperation was fair. Again his personality outline was quoted to him and he was urged to try to make new friends, to take up such games as pool and ping-pong, which he could play free in the recreation room where he lived; to keep up with current events by reading the newspapers, listening to the news on the radio, and reading short condensed articles as those in the Reader's Digest.

Conference 7

A chart had been prepared for George on foods that contained Vitamin C and his health was discussed and the suggestion made that perhaps his difficulty was caused more by his mental attitude than by a lack of the proper food. He had given as another excuse for not taking part in any form of athletics that he was too small. He was urged to go watch the college softball games and notice the size of some of the boys that played and also to notice whether or not some of them did not wear glasses. He was again urged to play ping-pong and pool.

Conference 8

At this conference situations regarding the family and community were dramatized. George appeared to be doing better. He seemed to be beginning to adopt the role and no longer wanted to spend all of the conference period discussing his troubles and making excuses to everything that was suggested.

Conference 9

Situations were reviewed. George's new role was emphasized in the different life situations that had already been discussed. He said he was finding it much easier to talk and act himself around people. He has been invited to a Y.M.C.A. meeting and has planned to go. Home situations and going with girls were the two situations particularly emphasized.

Conference 10

Situation recheck. There seemed to be a very marked improvement.

Conference 11

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 39.

The Nelson-Denny Reading Test—Form B. Score: Vocabulary 19, Paragraph 26, Total 45.

Conference 12, May 21, 1940

Terman-Merrill—Form L. I.Q. 115.

Personality Cards

1. None.
2. 76, 65, 78, 66.
3. 97, 95, 90, 86, 70, 53, 72, 58, 100, 99, 93, 85, 67, 57, 69.
1. 26, 19.
2. 12, 30.
3. 2, 17, 25, 27, 36, 43, 50, 22, 14, 42, 1, 20, 34, 6, 4.

Self-characterization

1. Most happy when busy and receive some reward or recognition for my work.
2. Can adjust to any condition.
3. Stopped blaming others.
4. Can think for self.
5. Can make friends easier.
6. Don't hold grudges - more tolerant.
7. Can think things out before doing them.
8. Learned to study and think. I can now make better grades.
9. Meet more people now and they seem more friendly.

He mentioned that day that he had had his first date in a long time the Saturday night before and that they had gone to a church party and a show.

Regarding dating it might be mentioned that before the summer was over he was married. The apparent change in his personality and attitude was also noted and commented on by one of the student advisors who had first referred him to the clinic.

Section X

MARTHA

Conferece 1, April 4, 1940

Martha was a junior, born August 25, 1915. She came to the clinic at the urging of one of her acquaintances and was referred to the investigator by the director.

The Henmon-Nelson Tests of Mental Ability—Form A. Score 29.

Personality Cards

1. 4, 6, 8, 18, 20, 29, 30, 33, 34, 39, 44.
2. 1, 7, 10, 15, 21, 24, 32, 41, 42, 11, 19.
3. 14, 38, 44, 48.
1. 75, 79, 66, 62, 64, 69, 54, 51.
2. 100, 99, 93, 82, 80, 81, 85, 77, 78, 68, 61, 67, 57.
3. 91, 84, 73, 72, 65, 58.

Conference 2

Martha was asked to characterize herself but as she could not decide how to do this she was asked to write it up outside and bring it later. She did this and it is copied below.

Self-characterization

If I like a person I like them with all I have, and if I dislike them it takes a lot to change my attitude toward them.

I let first impressions rub--

Very determined--

If I begin something I will finish it.

Very self-conscious of what other think of me.

Unselfish

Willing to help others.

Conference 3

The Nelson-Denny Reading Test—Form A. Score: Vocabulary 15, Paragraph 4, Total 39.

She had made some excuse after taking each test for not having done better.

Conference 4

Terman—Merrill—Form M. I.Q. 113.

Old Role—It was decided that Martha was either very compulsive or had paranoid tendencies, that she had to do something to keep her ego from becoming depressed and so tried to support it with ideas of grandeur.

New Role—In her new role, Martha was to learn to support her ego legitimately. She was to build up a simplicity of personality and to build up the idea that the very ordinary things of life were often greatest. She was to develop a sympathetic attitude and a motherly attitude toward boys. An attempt was also to be made to get her to change her personal appearance so that she would be more attractive.

Conference 5

Orientation conference. Suggestions were made as to how Martha could change her personal appearance and her new role was outlined. Emphasis was placed on the idea that she was not living up to her possibilities and that following the clinician's suggestions would bring out her better self.

Conference 6

Martha told of fainting in one of the instructor's offices the day before and said the doctor had said the trouble was with her nerves. An attempt was made to dramatize classroom and family situations but she was not willing to try.

Community situations were then tried with no better success. Some suggestions were made for outside activities, such as planning picnics, taking up some sport, and taking a more active part in the church that she attended. It was also suggested that she take the scout training course that was being offered and that she make plans for the next winter to try to organize and set up some form of recreation for the students who did not dance. (She had been complaining that there was nothing planned for those who did not.) When plans for the next year were mentioned she began worrying about finances and how she could attend. The only thing mentioned that she seemed willing to try was to take responsibility for someone else who needed help. She said she knew someone who did need help and agreed to try to do something for her.

Margaret seemed to feel that she was already the type of person in the new role and had no desire to change.

Conference 7

In this conference situations regarding the family were tried first. She refused to try to dramatize this or situations regarding boy friends. She told her troubles but took the attitude that she herself was all right and it was only the environment that needed to change. Her life orientation and plan were then discussed. She had done some social work and planned to continue it. The clinician attempted to give her the idea that in social work you are helping others and therefore she should be preparing herself to do that as well as possible. Her interest in the work seems to be purely in personal advancement and she discussed her past training and experience, with the attitude that she already knew all there was to know, and did not need to make plans for the future.

Conference 8

As school was nearly out it was decided best to complete the conferences at once. Therefore, the final testing was done with no further attempts at dramatization.

The Henmon-Nelson Tests of Mental Ability—Form B. Score: 31.

The Nelson-Denny Test—Form B. Score: Vocabulary 17, Paragraph 11, Total 28.

Conference 9, May 25, 1940

Self-characterization

Confident
Not afraid of anything but myself (afraid to do things)
Certainly not sad
Unselfish

Personality Cards

1. 69, 66, 54, 51.
 2. 99, 93, 91, 85, 81, 80, 77, 67.
 3. 86, 84, 82, 79, 76, 62, 57.
 1. 4, 38, 33, 8.
 2. 19, 2, 17, 29, 6, 20.
 3. 30, 18, 21, 41, 32, 37, 5, 1, 42, 14, 22, 36, 12.
- Terman-Merrill—Form L. I.Q. 108.

When she found that this was to be the last conference Martha immediately became more accessible. The new role was again outlined for her and some of the points that had been gone over were reemphasized. She seemed to be accepting some of the ideas. The clinician pointed out that the role outlined was really her better self and that she had been improving some and could be that way all the time if she wanted to try.

A FURTHER VALIDATION OF ROLE THERAPY

being

A Thesis presented to the Graduate Faculty of the
Fort Hays Kansas State College
in partial fulfillment of the requirements for
the degree of
Master of Science

by

Alexander J. Robinson, A. B.
Fort Hays Kansas State College

Approved:


Major Professor

May 18, 1943
Date


Chmn. Graduate Council

CHAPTER I

INTRODUCTION

This study has been planned as a means of throwing more light on certain psychotherapeutic techniques and methods in order that a more valuable, direct, and understandable method of treating neurotic patients may some day be worked out. The specific problem is to understand and recognize more clearly various actions in Edwards and Kelly's (5) "Role Therapy", to learn what in the therapy benefited the patient, and discover how and to what kind of disorders it might be most effectively applied.

This paper is an attempt to help explain, criticize, and continue with the problem, as described and studied by its authors in 1940.

The present study is attempting to prove no hypothesis or theories. Rather it is exploratory in nature. Edwards has already shown that her method was helpful as an economical treatment for some disorders. This investigation is only an application of her methods to cases and, through seeing what they do or do not do, work out certain improvements or modifications whereby her techniques may be refined and validated.

The following is a part of the Report on Role Therapy which Edwards read at the 1940 meeting of the Midwestern Psychological Association. All except one of her case studies has been excluded.

"The purpose of this study was to develop a form of psychotherapy that would be standardized in method and of well-known expectancy. The results are not statistical but are based on clinical observations.

"Role Therapy, as we chose to call this, necessitates first finding out the patient's own concept of his role in the various phases of his social life—what kind of a role he really felt that he was playing. With this as a basis of a new subjective role is devised for him by a staff of clinicians who do not know his name. In the conferences following, this new role is acted out and suggestions are made as to how it can be carried out in real life. This is followed by a recheck on situations regarding personality and final tests on reading and mental ability.

"Perhaps this can best be explained by following through the procedure on one case. All of the patients were college students. Arthur, who came to the clinic for guidance on personal problems, was referred to the investigator by the Director of the Clinic, with the suggestion that this type of therapy be used. He was given the Henmon-Nelson test of Mental Ability—Form A, the Newson-Denny Reading test—Form A, and the Terman-Merrill Revision of the Stanford-Binet—Form M. He was also asked to write a short self-characterization and to stack the 100 Maller Personality cards in four piles—yes, no, and two intermediate groups. Each of these cards contains one statement such as is usually found on any personality inventory.

"Using these data as a basis, three clinicians, who do not know the patient's name, determine what seems to be the patient's own concept of his role—the role that he feels that he plays in the class, in the student body, in the family, in the community, in secondary society, with the girl or boy friend, and in his life orientation and plan. Following this same outline, the staff constructs a new role for the patient—that is, a new way of seeing himself in each one of these situations. The investigator then takes this role and holds an

orientation conference in which the patient is introduced to his new role, five conferences in one of which each situation is dramatized, then the final testing. For this, Form B of the Nelson-Denny and Henmon-Nelson tests are used, and Form 1 of the "revised" Stanford-Binet. The personality cards are used the same as at the first, and again a short self-characterization is written. In actual practice the number of conferences was varied. After examining Arthur's materials the clinic staff generally characterized him as being merely a spectator, a non-participant in class, student body, and community. With the family he was well adjusted, but possibly too closely integrated. In regard to girl friends it was believed that he had become somewhat cynical in hunting for an ideal. His life orientation and plan were fairly good, except that his ambitions seemed to be more just for the enhancement of his ego rather than of any social value.

"In his new role prepared for him by the staff, he was to develop responsibility for some other student as part of his new role. For the new role he was to join some semi-professional club. In regard to the family it was decided that no change was necessary. For the community several suggestions were made such as organizing something along the line of his vocational interest—architecture, writing an article for the college paper on the architecture of the buildings on the campus, and talking to the high school boys' club in his home town on architecture. It seemed advisable for him to get acquainted with, and go with several girls. In regard to life orientation and plan it seemed advisable to make sure that his work was socially valuable—that architecture was to be for him a means of expressing people's ideas and not just his ego.

"The first conference was principally a pep talk pointing out weaknesses in his old role and making general suggestions as to what ought to be and could be changed. In the first conference following this, the class and student body were discussed and situations actually dramatized in the conference with the investigator playing the parts of various students and teachers. At the end of the conference he was shown how to play this new role in situations which would actually occur. In the second conference, he reported that he was helping one of the boys at the house where he lived, who was having considerable difficulty with his school work, and that he was also making an effort to mix with the other students. In this conference, situations regarding the community and life orientation and plan were dramatized. He responded well and offered suggestions of his own as to how he could put the new role in practice. He readily agreed to try most of the suggestions made except to the plan of having several girl friends. He admitted that most girls did not live up to his ideals, but he said that he had one girl friend and had no desire to change.

"The next conference was a recheck on the statements in the personality cards which he had indicated applied to him. Following this the final tests indicated were given.

"This is not a semantios therapy as Korzybski would describe it. However, it followed his work in regarding that individual characterized himself in terms of words and acts according to what these words mean to him. By giving him a new role, that is, new terms

with which to describe himself, a new set of actions can be evolved. The meaning of words to different individuals was clinically observed in this study. When a new role was set up, such a term as understanding, sympathetic nature, might be used. In some cases the patient, during the orientation conference, might object to one of these. After he had been asked to explain as nearly as possible what the word meant to him, the clinician might substitute a synonym for the original word which was not objectionable to the patient.

"While it was stated that the new role was acted out during the conference, it is not performed on a stage as in Moreno's work with the 'psychodrama'. The clinician and patient both remain seated and the dramatization is purely verbal. It is interesting to note that in some instances where the best dramatization was done during the conference, little of the new role was carried over outside, while in other instances when the patient remained too conscious of the conference situation to act well there, the role could be carried on in real life. If the conference situation had centered around a certain social problem there would be some definite instructions and a definite plan worked out as to how the new role would apply in that situation. This the patient was to act out between conferences, concentrating only on that one situation in which to play the part.

It seems possible to draw some conclusions from the work this far. This is a type of therapy that does not require a great amount of intelligence on the part of either the clinician or the case. It does not take much time at least with most cases. It is of little value in the treatment of schizoid types where the ego-strength is low or for those who enter upon new roles simply for the sake of adventure. Further research is indicated to determine whether or not it would be of value in the treatment of any psychoses. It seems likely that it would be of most value in college orientation work and in dealing with cases of social ineptitude and maladjustment. The procedure can be standardized and the work which we are now doing is being directed mostly along this line.

Some of the questions which prompted the present study were: "Can such a procedure be standardized?", "Is it not overlooking some of the essential techniques in general psychotherapy?", "Can this kind of therapy allow for spontaneous catharsis or does it dispense with it entirely?" "Is it deep enough to relieve the patient from repressed conflicts which 'seep' up for the subconscious?" "Does it satisfy the patient's inner needs or is it just a superficial attempt to mold character?" Some of these difficulties were recognized by Edwards in planning the therapy, but the results from the cases to whom she applied it suggested that the method should be considered as possessing valuable merit.

It is not within the limits of this investigation to answer satisfactorily many of the questions which have arisen, but enough is now known about the process to standardize a crude procedure for handling some kinds of patients. Further investigation will be essential before it is possible to know exactly what types of disorders it cannot accommodate, or how the procedure may be made sufficiently elastic to aid in treating many types. Out of the eleven cases with whom the author of this paper worked, ten were at least partially successful. One patient failed to respond and even appeared to disintegrate under treatment. This unfortunate effect cannot conclusively be traced to the method used, since it might be accounted for by financial and social problems he happened to encounter while undergoing therapy. He has since responded well under a modified form of

“didactic therapy.” Descriptions of the twelve cases and their individual treatment are included later in this report.

HISTORICAL ASPECT OF ROLE THERAPY

The following will help to explain how Role Therapy came into existence and from what sources it derives its authority.

Probably one of the first reasons why Edwards hit upon the idea of Role Therapy was because of a recollection of the clinical practice which was sometimes used in therapeutic conferences. For instance, in working with a case where there had been a parent-child conflict and misunderstanding, the clinician often would pretend he was the parent and the child was asked to respond to him as if he were his mother or father. This was not only a catharsis for the case, but also promoted understanding between the child and his parent in actual situations. The clinician was able also to present in a similar fashion the problems of the child to the parent in a sympathetic and helpful way. From this clinical method probably came the idea of dramatized conferences through which a case could reorient himself to his specific problems.

A second source was Moreno's “psychodrama” which Edwards mentioned. Here is a brief, technical report of Moreno's (14) work which is given by L.J. Stone.

Two forms of psychotherapy are described, based on the recognition of the significance of inter-personal relations in therapy. The first technique, that of the ‘auxiliary ego’, refers to the physician's adopting the views of the patient, and thoroughly and genuinely identifying himself with the patient. ‘Leads’ come from the patient. In a case described, the physician successively serves as ‘auxiliary’ to three members of a ‘triangular neurosis’, i.e., disturbed functioning involving three persons. The auxiliary ego aids in understanding the case and in preparation of one or another member of the group for spontaneous action with the others. The spontaneous working out of personal difficulties is aided by the second technique, the ‘psychodrama’, which is employed for analysis and training. The patient is urged to act out as spontaneously as possible situations representing himself and others with the assistance of ‘auxiliary egos’, and later, perhaps, members of his family, etc. Specific techniques are detailed, along with illustrative case material. It is urged that because of different ‘tele-relationships’ the patient-psychiatrist relationship is complex and not every psychiatrist will do for every patient. Transference is regarded as a special psychopathological aspect of tele-relation in general.

Moreno's technique was similar to the one used in the Fort Hays clinic for parent-child difficulties. Moreno was using his “psychodrama” as an aid in overcoming marital difficulties, and he is especially cautious in allowing transference to creep in. As the clinician adopted the role of the mother in dramatizing a scene, so Moreno took the role of the husband when with the wife, and vice versa in preparing them for the “psychodrama” itself.

In everyday contact we often hear such remarks as: “Oh, Golly, what is wrong with me? I wish I could be like George. He knows just what to do all the time. He's so sure of himself and he knows exactly how to make others feel at ease. He is my ideal man.” This may be the beginning of an identification with those likeable traits which the speaker thinks George possesses. he begins to swagger when he walks in the same way George does, and unconsciously imitates his “hero.” He

knows very little about why George is this way or what goes on inside to make him so, but the external result is acceptable and fills some of the individual's needs. This phenomenon described by Brown and Menninger (2) is most noticeable among adolescents, but is not uncommon in adult society. A person simply feels that his way of managing a situation is inadequate and he finds out how someone else does it and imitates him.

It is not in the least disturbing to a woman to tell her the way she wears her hair reminds you of Hedy LaMarr, provided that she likes the effect created by Miss LaMarr's hair-do, but she would probably not like the identification if you told her she looked like Mrs. Franklin D. Roosevelt when she smiled.

The usual result of an identification with another person's admirable qualities may end in an attempt to incorporate his entire personality and attitudes. If so, it may terminate in failure and frustration. In order for a person to acquire traits or habits, he must first be sure they are consistent with his own psychical structure or friction will ensue. It is this difficulty the little boy encounters when his mother asks, "Why don't you be a little gentleman like Johnny?" Even though he may try to say "please" the same way Johnny does, he nevertheless is unable to be very much like him.

A striking example of an identification which was successful comes from a lecture given by a college professor to his class, and could be mentioned here.

A young man in the dramatics department was asked to play the role of a sophisticated young "dude" who carried a cane. The part was so much to his liking that after the performance was given he continued to carry the cane and act the role he had played. Apparently the part seemed to fit his need; it summed up, and fitted his inner self better than had his own role.

In the present research it was found that the crucial procedure in Role Therapy lies in the writing of the role. This was not stressed in Edwards' study. At first it seemed that any role which logically met the patient's life situation would be perfectly proper to use. But experience with two cases, one of which was handled badly at first, showed that the new role should be more than just "good" and must be supported by something deeper than the effect of "suggestibility". It must thoroughly satisfy the case's inner needs, not merely modify his external behavior. This is to say that role must be supported by character traits intrinsic to the case's personality. In using this therapy there is a particular temptation for the clinician to overlook this requirement. The clinician is tempted to write a role which society would like the patient to play.

At this point it would be interesting to take a delightful illustration of Role Therapy from literature. The analogy is to be taken as illustrative and not scientific.

It is from the story of the Wizard of Oz. Some of the characters in the story were "The Cowardly Lion", "The Tin Woodman without a Heart", and "The Scarecrow without a Brain". These were very unhappy because they had to live with these "labels" attached to them. In the end "The Cowardly Lion" became brave through being decorated for bravery. He assumed the role of a hero. "The Tin Woodman" gained his heart when he was recognized as a great philanthropist, and the "Scarecrow" was given a degree so he could be a scholar.

Similarly if a person is labeled "dumb-bell" or "stupid", he will find it difficult to let himself escape from these words and will discover that other people will not expect him to act in an intelligent fashion, even though he could and would like to.

Concerning "labeling" in general, Korzybski (10) says, "Mankind in its infancy interpreted an object, a sensation, an incident, or an experience implicitly and

then manufactured words which seemed to describe it. Today we meet new experiences in terms of ready-made words, culturally inherited and complete with their emotional connotations.”

A case describes himself as boorish, introverted, and anti-social. These are words he has taken to himself with all their ready-made connotations. Now they govern him. At first they were only descriptive and logically they seemed to apply to him, but now they dominate him emotionally with their whole meanings and unconsciously predetermine all his attitudes and actions. Intellectually accepted at first, they afterwards fastened upon him emotional meanings which he had never anticipated. In this study we have come to think of Role Therapy as treating such semantic enslavement by verbalizing a new role which releases him. In this respect it is related to Korzybski's theory of cortico-thalamic integration and extensionalization. Guthrie (7) explains behavior in many instances in terms of role. Some of the functions of the role as he sees it can now be given, and are quoted from his book.

A few evenings spent as a 'wall flower' by a girl serve to establish habits of behaving as a failure. She now does not expect attention and is not prepared for it when she gets it.

In another place he mentions an experiment in which a personality was changed by giving a person a new role.

A small group of college men, a few years ago, agreed to cooperate in establishing a shy and inept girl as a social favorite. They saw to it for one season that she was invited to college affairs that were considered important and that she always had dancing partners. They treated her by agreement as though she were a reigning college favorite. Before the year was over she had developed an easy manner and a confident assumption that she was popular. These habits continued her social success after the experiment was completed and the men involved had ceased to make efforts in her behalf. They themselves had accepted her as a success. What her college career would have been otherwise it is impossible to say, of course, but it is fairly certain that she would have resigned all social ambitions and would have found interests compatible with her social ineptitude.

Guthrie also mentioned an instance of how parental attitudes and modes of correction are instrumental in formulating a child's role:

Parents who use epithets in correcting their children, who accuse them of lying, stealing, cheating, and the like, may seriously affect the roles which the child builds for himself in the course of time. It is often a mistake to have named the offense.

Similarly a child who has heard such a remark made about himself as, "I don't know what will ever become of Bobbie, he's such a problem," will perhaps find himself feeling that he is a problem to himself and be led to fear himself what may happen.

Again quoting from Guthrie (7):

Many nervous breakdowns have their origin in roles. The man who thinks of himself as an open-handed host loses his income and his social adjustment is thrown completely out of gear by his persistence in the role. He continues to spend more than he can afford.

A man's verbal symbol for the character he is playing is a strong directing force in many activities. If he is a father, if he is a policeman, if he is a member of a union, if he is a Democrat, if he is a valet, his acceptance of the description serve to introduce a consistency into his ac-

tions which is often one of the most fundamental personality traits. It is probably that many suicides are determined when the victim gains his first insight and understanding of the discrepancy between his role and his actual status.

In a later chapter Guthrie (7) brings up a point which seems to be one of the most overlooked problems in psychotherapy.

If a hysteric is cured of the habit she is in a different situation, fully habituated to getting her own way or attracting attention. A cure of the habit would leave her in a different situation. A cure of the habit would leave her unadjusted and without a means of escape or triumph. It is usually necessary to do much more than attack the individual habit. She must get new interests and a new personality. This can sometimes be best accomplished though establishing a new role.

It was in recognition of the difficulty of aiding the patient to make a new orientation to herself and society without the former symptoms to rely on that role therapy came into being. In role therapy an effort is made to synthesize the case's desirable personality traits around a new role in such a way that the case can integrate his life about it in a positive functional way.

CHAPTER II

A PRESENTATION OF HOW ROLE THERAPY HAS BEEN USED

In using role therapy in the present study a simple diagnostic method was employed. The person was given the Henmon-Nelson test of Mental Ability, the Pressey X-O Personality test, was asked to write a character sketch of himself, and sort one hundred personality cards which were prepared especially for this purpose. The cards were prepared with the notion in mind of not only getting some insight into the person's actual symptoms, but also to provide an analysis of some of the stereotypes with which the case describes himself. These are important in helping the clinician to write a role for the case in which a reinterpretation of the person's understanding of himself is to be dealt with.

The new role is more successful if just one or two factors are radically reinterpreted rather than if little changes are attempted over the entire personality. In this way stereotypes are dislodged. This is in recognition of the "all-or-none" principle in stereotype.

One case was that of a girl who was intelligent, bossy, and aggressive and had been frequently told that she was selfish and urged to give in more. In her new role the strong ego-drive was identified as "courage", not selfishness at all. The stereotype of "selfishness" was completely thrown out. Now she had resources of strength upon which other people could draw.

Examples of how the role is written will be given with the case studies later in this chapter. From the case studies it can be shown what the bases formulating the new role were.

During the initial conference with the case, the new role is read to him. A few attempts are then made to try out the role. It has been found to be a good practice to ask the case something like this: "Now that you've tried your role do you think that it lets you say the kind of things you've really been wanting to say?", or "Does it seem to let you express yourself in a way you've never been able to do before?" Such questions enable the clinician to give the role its final modification.

The clinician then rehearsed the patient in the role while playing various

opposite characters himself. Scenes were taken from the patient's own life situations. Edwards (5) used five situations, one for each conference. The first was with a teacher in relation to school; a second with one of the parents in relation to home; a third with a member of the opposite sex; a fourth in a scene with a mixed group of friends; and a fifth in relation to life plans, such as a conference with a prospective employer. In the present study the number of conferences varied from a single conference up to twenty. Edward's procedure was followed in some cases, but others did not correspond to her plan for role rehearsal. Many variations were used depending on the needs of the case.

CASE ONE

Mary was in the seventieth centile for college freshmen on the Henmon-Nelson test of Mental Ability; on the Stanford-Binet, Form L, her Intelligence Quotient was 133; on the Pressey X-O Personality Test she was in the 99th centile on disgust and shut-in items on the affectivity score; 98 on unpleasant, and 85 on worry items. Her idiosyncrasy score showed a little different pattern. She was in the ninety-ninth centile on sex, association, and shut-in words, and in the ninetieth centile on wrong items.

The Pressey X-O was found especially useful for our purpose in this study since it showed not only word areas of sensitization but also by word analysis of the selected words we were able to discover specific words which needed reinterpretation. It also helped bring out, in some cases, certain syndromes or symptoms which the clinician was not entirely sure were present.

The sentences¹ Mary selected as very typical of herself were as follows:

I sometimes feel tired when I get up in the morning.

I sometimes let people talk me into something and later wish I had refused them.

I let my mind wander and forget what I'm doing and saying.

I am moody.

I sometimes feel wishy-washy.

I sometimes let people talk me into something and later realize I should have had more backbone.

I am able to forget unpleasant things in a very short time.

I sometimes lose control of myself.

I lose my temper over nothing.

I rarely feel bored with other people.

I find it difficult to talk to strangers.

I often feel ill at ease in the presence of a teacher or superior.

I like to do things which call for resourcefulness.

I like to help other people.

1. the stack of personality cards was given to the case in a certain order and with them she was given the following instructions: Here are 100 sentences which describe all kinds of people. You are to sort them into four piles. The first pile will contain the sentences which you would say about yourself if you were telling about the kind of person you really are. The second group will be the statements not so typical as the first pile, but still ones which probably do apply to you. The third pile will contain the sentences which in no way describe you. The fourth pile will contain the statements which are just the opposite of what you would want to say about yourself. Sort them as quickly as you can.

I sometimes make a fool of myself to entertain other people.
I often feel weak and sick for a moment and then it passes on.
I wish someone would tell me just what to do.
I often pretend I'm something I'm not.
I have attacks of nervousness which upset me.
At times I feel weak all over.
I am a misfit.

The following sentences were ones which the case thought were just the opposite of what he would want to say about himself. As will be noticed, all of them are not included but only those which seem to have some special significance.

I don't like to bother with other people's problems.
I often feel ashamed of myself and unworthy.
I often cry when I receive a bad mark or lose a game I'm playing.
I rarely lose my temper.
I sometimes feel frightened by my thoughts
Thoughts seldom or never keep me awake.
I never feel sorry for myself.
When I have a problem I sit down immediately and reach a solution.
I am usually prompt.

Using the third person and referring to herself as Mary, the case wrote this self-characterization.^{1,2}

Though Mary tried to please others there was something about her doing it that irritated them, because they thought she was being 'bossy'. Her tendency to jump to conclusions often made her seem ignorant to those about her. However, with those whom she admired and respected she was slow to jump to these conclusions, and by them was considered a girl of average intelligence. Although her moods arrived easily, they persisted. Mary was quite capable of overcoming an unpleasant mood. She sometimes felt that she had mistimed a certain move or comment which, had she waited, would have been worthwhile. Embarrassment always accompanied these moments and usually she blushed. Blushing becomes a dread to Mary because many times when she was totally unaware of it, someone would say, 'Mary, you're blushing!' Thereupon she would blush furiously. Mary had a terrible temper which sometimes would come to the surface before she had the opportunity to swallow it. Usually, however, she lost her temper, quite exquisitely filling it with dramatic emotions, blaming everyone but herself—sometimes everything—for every little thing that happened.

Honesty was one of Mary's requirements; she wanted everyone to be strictly honest in everything (not necessarily very personal matters). Appointments and meetings were to be at the proper place and time

1. Before this character sketch was written the case was given a card which had the following instructions on it: Now pretend you are going to write a story in which you will be the main character. Write a description of yourself just as you would tell about a person in a story. You may include some of the most important things that cause you to be what you are. Also tell what other people think of your

and every person, except Mary, had to tend strictly to business. Often when someone was directing a meeting or some group, and a question came up which Mary knew (or thought she knew) more about than the person speaking, but was not allowed to express her feelings, her anger would be aroused righteously, but she usually said nothing at the time.

Mary was often lazy! Lazy in things which she thought could be done after-while, and which were disagreeable. Sometimes she put them off until she completely forgot them. Housework was her main failure—dusting, dishwashing, sewing, scrubbing, and all other household duties. She found the greatest pleasure (at times) in mowing the lawn, or watering the garden, or doing any of the other tasks generally considered a man's work.

Mary had never been ill to speak of, but she had always been taller and skinnier than the rest of the girls and as she grew older the humps which had grown on her shoulders, even though she was taller no more, caused her a great deal of worry.

Mary apparently had talents which were above average, because she was often chosen to sing, dance, or be in plays. She never felt sure that she could say definitely whether she would be able to or not.

Sometimes when she had lessons which were not well prepared, in classes of which she was particularly fond, she would reprimand herself so thoroughly that she would spoil her own good work with her inhibitions.

Girls seemed to like Mary better than boys did, which was probably a fact because she often made herself unbearable around them by being so aloof, afraid and always on guard for an insult.

Some of the salient features in Mary's diagnosis are: Superiority in intelligence, sensitivity to criticism, inconsistency in self-evaluation, and fear of herself and of others in social situations (she is continually afraid someone might criticize her and yet she feels she should be criticized). A clinical diagnosis would apparently classify her as having some form of compulsion neurosis.

In preparing a role for Mary, it is necessary to think in terms of her assets and liabilities. Psychoanalysis has sometimes been said to be likened to getting the patient off some kind of a personality or emotional snag occurring in earlier development by getting the patient to understand, accept, and correct his problem. Role therapy does not provide insight into the problem, but rather reanalyzes some of the case's efforts and behavior. If the case finds the new role workable and satisfying it seems to provide him a basis for confidence within himself from which he can make additional adjustments.

Thus, role therapy must capitalize on the case's past wholesome experiences, on

character although they may be wrong, because they don't understand you.

2. The character sketches for each case were not edited since it would mean interpreting some of the things the individual was saying. The clinician's interpretations are found in the diagnosis and are based on the material presented. All other evidence came from knowledge of the person in the conference situation, or from a similarly subjective source.

any special skills, abilities, or traits which the case possesses.¹ In other words, the role must be corroborated by past experience. If a role tells him "you are a person who can make other people feel at home and enjoy being with you" he must be able to recall past experiences which verify this. The reaction to some such statement as this has been "if the clinician noticed this about me, and yet I did not tell him so, perhaps I am basically this kind of person; it's the way I have acted at times in the past and would actually like to be." It was observations such as these which pointed out two things: the element of suggestibility is strong and the role had bases within the experience of the case's personality.

One of Mary's chief concerns was the friction she aroused in handling a social situation. This probably was in some respects an externalization of the friction aroused within herself in handling any problem, or at least one of the overt equivalents of it. Because of her social difficulties Mary's rich, underneath personality is kept smothered, and satisfying expression is at a minimum.

This is the role which was written for her:

You are an intelligent, original type of person who has new ideas and can carry them out. You are not ashamed of your original ideas, although you can see many changes which might be made in them. You find new ideas interesting and valuable because they are new. Just because they have a few flaws that show up is no reason why you should be ashamed of them. You live in a world of rich and valuable imagination, and you have at your disposal almost unlimited resourcefulness in developing an idea from the first vague stages to a final colorful expression that will thrill others. When you present an idea and someone criticizes it, you incorporate their criticisms, and, through them, are able to modify and improve your own ideas.

Before the case is given the role he is told something like this: "Of course you are just acting this role and you are not really this kind of person, but pretend to be just to see how it will work." It was felt that some such statement as this gives the case a feeling of greater freedom in adopting the role, since he may feel, "After all I'm just acting this part, why should I be ashamed?"

The first conference with Mary consisted in reading, explaining, and dramatizing the role in a few sample situations so that she might see how it worked. She said, "I feel silly when I use my role with you; do you think I act silly?" The clinician assured her that it made little difference what he thought of her, but that now he thought of her as she was in her new role, and expected her to use it in a way that was easy and helpful to her.

A classroom scene was then dramatized in which Mary was to suggest an idea and the professor was to try to belittle and criticize it. This was to aid Mary in understanding how her new role could be used to incorporate criticism without feeling that her ideas were made worthless by it. By doing so it was made a tool instead of an inhibiting force.

1. From time to time it seemed fitting to interrupt the presentation of a case in order to throw light on the description of the specific clinical techniques involved and how they apply to the general procedure used in role therapy. The author has done this on the assumption that this paper is primarily a study of the methods used.

After the first conference she was to use her new personality in a class in which she complained the professor made her feel that she didn't have any sense every time she got up to speak, or when she tried to participate in class discussions. She was to report on her success in this experiment during the next interview.

In the second interview Mary said she had used the role and felt that she liked it as it was. She tried the method of incorporating the instructor's criticisms and felt that it prevented her from becoming angry.

She had been dating a boy who her friends had told her was married. She wanted to know if a scene could be dramatized in which she would ask him if he were married in as tactful a manner as possible, using her role. She said he was one of the few boys she had dated on the campus and she did not want to lose him by being offensive, but she did want to know whether or not he was married. The scene was dramatized, the clinician playing the part of the boy, and the case played her own role. From time to time the case was boisterous and defensive and once or twice when she began sliding back into her old role the clinician exchanged roles with her and demonstrated how she should play the part. By the end of the conference Mary was able to control herself, although she said it was difficult to do so.

The case asked that the role be reread to her when she came in for the third conference. The clinician did this and answered questions which came up concerning how the role should be played. She was feeling in good spirits and giggled frequently during the first part of the conference. She disagreed with almost everything the clinician said and seemed to be bothered because she had not been able to remember her role.

An imaginary scene was then dramatized with one of the girls who lived in the dormitory at which she stayed. The girl was one whom Mary disliked but came into contact with frequently. Mary objected to her because she was "catty". During the dramatization Mary kept her mind on what she was doing despite the clinician's attempts to upset her emotionally, and was skillful in keeping the conversation well balanced. She brought it through to a finish by inviting the girl to go to the show with her so that she could become better acquainted with Mary's boyfriend to whom she had objected strongly.

Mary said she had been using her role most of the time now and did not feel like a hypocrite in doing so.

It had been planned in this experiment to throw each case into the kind of situation which would be very difficult to manage, after he had become sufficiently oriented to the use of his role, in any other way except by employing the role. Some of the results that were to be effected were: (a) the case would find the situation too difficult to handle by any other method than by using his role: (b) because of the advantage the role would offer under these conditions of emotional stress, there might be an integration of the role in the individual's personality in a permanent and serviceable way; (c) the weaknesses of the case's personality structure could be brought out and expressed with minimum injury to the case's ego strength, since it was only dramatization and not an actual life or psychotherapeutic situation.

Part of Mary's unhappiness seemed to result from the social inadequacies which she felt. Also she had a strong desire for self-expression, but because of the fears of a failure she was unable to express herself. This is not saying that there were no other emotional problems involved, but rather if this one dominant symptom could be treated effectively, it would give her sufficient confidence to make additional personality revisions.

Mary was planning to go into teaching when she graduated, so a scene with a high school principal was enacted. The clinician took the part of the principal. He

asked her for recommendations, then asked her what she could do. "I am qualified to teach English, dramatics, and music," she replied. He asked Mary to sing something. Mary stood up and sang. Afterward she asked if it was satisfactory and if there were anything else he would like to know. Her first signs of hesitancy wore away and she was gracious and reserved during the rest of the conference. The scene ended by the principal promising to recommend her to the school board; after the scene, she said she was upset at first but was glad to have a chance to try this kind of scene, since she would have this problem to meet.

This was the last dramatized conference which Mary had. How much Mary may have been aided, if any, is difficult to determine. A recheck conference was given a week later just before the end of the semester in which she made a verbal report to the clinician. It seemed that she considered her role of sufficient value to keep, and her social relations had been made more pleasant and interesting as a result. She became engaged to the boy whom she had been dating. Her manner had become less negativistic and she was more poised and congenial than before. She said she really needed more time in which to practice and use her role before she would be able to realize everything it could do for her.

CASE TWO

Freda's aunt advised her to come to the clinic. She came in at noon one day and left that evening at six o'clock. She was from out of town and could not make the trips which would be necessary for regular conferences. The first part of the afternoon was spent in giving the diagnostic tests, the middle part in scoring the tests and writing the role, and the last in giving her the role and dramatizing a few sample situations.

On the Henmon-Nelson Test of Mental Ability she was in the ninety-third centile for college freshmen. On the Pressey X-O Personality Test she was in the ninety-ninth centile in the disgust affectivity score and in the ninety-ninth centile on hypochondriacal idiosyncrasy score. Other items might be considered relatively high in respect to her means in the affectivity and idiosyncrasy columns but are not included.

The items which were sorted into the very characteristic stack of personality cards were:

I have the ability to grasp an explanation quickly.

When I look down from high places I get dizzy.

My problems are about the same as everyone has.

I am in the very best health.

I sometimes lose control of myself.

I am happy most of the time.

I lose my temper over nothing.

I have a very stable personality.

I have definite ideals and ideas which I firmly stand by.

Thoughts seldom or never keep me awake.

I can smell things by just thinking about them.

I frequently feel a craving for special kinds of foods.

I have dizzy sensations sometimes.

There are certain foods I can't stand.

I often think that the things people do mean more than just what it appears.

The sentences which were in the pile of exact opposites of what Freda wanted to say about herself were:

I sometimes feel tired when I get up in the morning.

I sometimes let people talk me into something and later wish I had refused them.

Life as a whole is rather a miserable affair for me.

I sometimes feel "wishy-washy".

I sometimes let people talk me into something and later realize I should have had more backbone.

Often the more I think of a problem the more confusing it seems.

I often have terrible headaches.

I am very slow in making up my mind.

I always feel very upset before taking a test.

If I should die tomorrow, no one would care.

When something is being explained I usually feel that I am the last person to catch on.

I hate to take part in discussions.

I often feel ill at ease in the presence of a teacher or superior.

I often think I can see things which really aren't there.

I have an enormous appetite.

Freda's character sketch was as follows:

Many times people mistake a reserve covering shyness to be a snobishness which is wholly untrue. My life is one of many varied experiences, since my parents are school teachers. I have been an experiment in a psychology department, when I was four; this experience had more effect on my life than any other. I was started in kindergarten at the age of four. At the age of thirteen I skipped the eighth grade and became a freshman in high school. This had had a pushing and pulling effect on my life. Moving around had made me adapt myself to varied situations. My young aunt and uncle came to live with us soon after the birth of my youngest sister. This changed me from an only child to a family child and not the oldest at that. I have had every opportunity to express myself in any way that I cared to, from the worst 'tom boy' and roughneck, to a young girl interested in aviation, to an interior decorator. Mother has always been having me try something else to put into my personality or characteristics which she thinks will be valuable or more becoming.

A class in speech in high school did not resemble a class, but did a great deal for me in many ways.

Practice teaching in the first grade this past semester has done a great deal to develop and make me into the type of person I would like to be.

A contradicting personality is what makes the ups and downs in life. People at once either like or dislike her. The people that like her are bound by strong bonds of friendship; a number of others are merely likeable but not firmly attached. She has enemies; never any mild ones, but always very definite ones. Her life is happy because of training and environment of her youth. Her brain is not as well hidden as it should be because it is still rather evident. In her girlhood she grew up too rapidly to be truly happy at times, but if she had stayed behind she would have been unhappy. Her life has been molded into one channel and nothing that others will do can ever sway it very much—merely make a light design on the surface. As she grows older she should become an interesting person from dabbling in everything from art to aviation.

Freda's intelligence score indicates that her mental ability is high; the Pressey X-O points out a tendency to become disgusted frequently and easily. There is some indication that some hypochondriacal symptoms are present, although the

character sketch and personality cards indicate, if anything, the exact opposite.

The personality cards tell that she considers herself a person of ability, who has a bad temper, some of the symptoms of both a hysteric and paranoid personality.

The character sketch reveals that she considers herself superior and aloof and yet desires more friendships. She probably has had difficulty in adjusting to her precocity and the social problems it incurred. Subjective impressions seemed to verify that Freda was a dominant personality who was considered "bossy", egotistical, and selfish by those who knew her. Before her character sketch was written the clinician talked with her to see if she had been misled by any of the information on the diagnostic forms, or had missed anything important. Freda's aunt and Freda both confirmed the diagnosis and the following character sketch was prepared.

You are an intelligent and courageous person. Select a sensitive boy friend whose feelings are easily hurt so you can learn how to deal gently with people. Be sure your boy friend is intelligent and high-powered but just needs you to assist him to express himself; in this way you would get a kick out of helping him. You are the kind of person who tries to understand those who are weak and helpless; you give them support with your own strength; you lend something of sympathy and faith to them. Others feel strength when they look at you; you are a moral support; you are the same person, but you use your courage to let others draw on who are afraid of the complications of the world; you do it in such a way that after others talk to you, they feel stronger.

Before you have used your courage to keep others out of your hair. Now you put yourself at the disposal of others. Continue to be independent but not isolated. It is not a matter of subordinating yourself to others' wishes but one of helping them to climb a little. Many people are beset by discouragement and doubt and are licked; you afford them help when and where they need it.

Freda wanted to get an idea of the kind of a boy that was described in her role, so a scene was played in which she was to have a blind date with such a boy. She thought she would like that kind of person and two other scenes were enacted to help her to understand the role.

Her aunt said Freda was quite surprised at the directness and kindness with which her problems were handled.

Later two reports came back concerning Freda. One was from aunt, who said she was trying to use her role and having some success with it. A second came back from one of the elementary teachers who taught in the same system of Freda. She reported that she had never witnessed such a big change in a person as a result of a single afternoon's conference. This second report came about three months after the conference and the first report came a few days after.

CASE THREE

Marion came into the clinic at the recommendation of one of the other cases who was taking role therapy. She was given the regular battery of role therapy diagnostic tests. She was in the seventy-eighth centile on the Henmon-Nelson Test of Mental Ability, using college sophomore norms. On the Pressey X-O her affectivity scores were eighty-five and ninety-five on the unpleasant and suspicion items respectively. She was in the ninety-ninth centile (plus) on unpleasant and suspicion in the idiosyncrasy column.

The sentences which she sorted into the very characteristic pile were:

I have the ability to grasp an explanation quickly.
I am not able to stand a great deal of pain.
In a conversation, after I have spoken I usually feel that I have made a genuine contribution.
I sometimes let people talk me into something and later wish I had refused them.
I often feel sorry for myself.
I am always afraid of being humiliated.
I am always doing something and feeling sorry about it later.
I am moody.
When I do something wrong I never feel satisfied until I've made up for it.
I try to protect people's feelings by saying the kind thing.
I worry about little things.
I guess I'm just not like other people.
I sometimes have strange feelings that I know aren't real.
I often make up stories and tell lies.
I sometimes imagine myself to be a very great person.
I sometimes lose control of myself.
I think people talk about me behind my back.
I feel that I would be happier if people would leave me alone.
People like to discuss their problems with me.
If I should die tomorrow, no one would care.
I sometimes think something terrible is going to happen.
Even with an acquaintance I sometimes feel uncomfortable and unwanted.
I am ashamed of myself for not doing better.
I like to help other people.
I can't bear to make a fool of myself in public.
There are certain foods I can't stand.
I wish someone would tell me just what to do.
I have more problems than most people.
I have disappointed my parents.
I have attacks of nervousness which upset me.
The sentences which were in the pile of exact opposites of what Marion wanted to say about herself were:
I often do things against my will.
I sometimes feel wishy-washy.
I sometimes act cowardly.
I am a very popular person.
I like to feel that things are pretty well cut and dried before I try something new.
When I have a problem, I sit down immediately and reach a solution.
I am usually prompt.
I have a stable personality.
I never feel sorry for myself.
Thoughts seldom or never keep me awake.
I never regret things I do even when I do them on the spur of the moment.
I am unashamed of all my unhappiness and troubles.
When something unexpected happens I rarely feel upset.
I sometimes make a fool of myself to entertain other people.
At times I feel numb in certain parts of my body.
I am bothered with headaches.
Sometimes cold chills come over me.
I have an enormous appetite.

I used to think I was in love but I just don't pay any attention to it any more. At times I feel weak all over.

This is the character sketch she wrote:

I can't set down on paper my exact personality and character because I really don't know, but I do know that people (that is some people) think that I am worse than I really am. My past life has caused people to talk about me and I don't blame them because my life has not been entirely admirable according to the conventions of modern society.

When I am terribly depressed or feel my thoughts weighing on me, the only solution that has seemed to help, so far, has been to drink and forget it—at least temporarily. Afterwards instead of being further depressed I feel better. That habit of drinking is one of the factors that has caused so much comment. It is not habitual in the true sense of the word yet. I've never tried to hide it except from my mother, who is a strict, conventional person, heartily disapproving of anything not quite orthodox. I have always lived for the moment alone; until the last two years I never looked ahead to see what effect that fact might have on me.

I do have a code of morals that I adhere to very strictly. I feel that drinking has nothing whatsoever to do with one's morals, although I realize that other people do.

Always, I've strived to be different from the ordinary common person. I feel that I have the capacity for enjoying and feeling happiness more than other people, yet I can also feel more depressed than other people.

My home has been divided since I was seven years old and that factor may account for the fact that I ran away from unhappiness. I ran away twice—each time through marriage and each time involved myself in more unhappiness. I make other people unhappy because of my psychological make-up. Mother and I are so opposite in everything we think, say, and do, that my home life is particularly unhappy.

I can make friends easily. My background has been such that I am able to converse on almost any subject. I like to be with people—I can't stand being alone.

I become easily infatuated with people to the extent that I eventually make them unhappy.

My accomplishments are mostly along the lines of music, a little dramatics, and literary arts.

I have learned to control my temper, although it is terrific when not under control.

I disguise my true feelings because I learned early in life that it wasn't worthwhile to exhibit them to other people.

I crave excitement and something different all the time. I am sometimes quite nervous. I believe that if I were in a different environment, where the fact that I had been married twice wasn't constantly 'held up to me', I would find true happiness and would be able to make a success of myself.

If I could adjust myself now, I would be a great deal happier, but because of conditions as they are, it is impossible.

Her intelligence score would indicate that she was a woman of superior ability.

The Pressey X-O suggests that she finds a number of things unpleasant and may have some paranoid tendencies. The personality cards indicate that she is unstable, given to moods, nervous, and yet possesses quite a lot of self-confidence. The character sketch she wrote bears out about the same things, but mentions specific difficulties which seemed to be the crux of her problems. She had had an unhappy home life and had been twice disappointed in marriage.¹ Together with this unhappiness came the social stigmata that was cast upon her and the unpleasantness of living with her mother who condemned everything she did.

This role was prepared for her to remove some of the social pressure which she was under and give her status. It was short so that it would be easy for her to keep in mind and could be understood principally by the way it was used in the dramatized conference.

You are a person who has had a variety of interesting experiences in your life upon which to draw. You are gracious, talented, and independent of other people, emotionally. You do not need others to approve of everything you have done in order to be happy. That is to say, you do not feel shattered or overwhelmed by their criticism but your experiences make you more understanding and helpful to anyone who needs your support or aid.

In this way her past has been reinterpreted as interesting and a valuable source of experience from which to draw to help herself and others. Before it had been something from which to escape or live down.

The one actual personality change that was effected in her role was that she could and would be less affected by the role society had pinned on her as a result of misfortunes.

The first conference was spent in dramatizing scenes of her current life with her mother. In almost all the conference in role therapy scenes come about as a suggestion from the client. If not, the clinician sometimes inquired, "Tell me just how or in what way are you made to feel most unhappy," or some other questions to the same effect.

In conference she said that her mother constantly nagged her, found fault with everything she did, and reminded her that she had brought disgrace to the family. She also told Marion that it was her duty to see that such a thing would not be repeated. Instead of feeling depressed or antagonistic, as she said she usually did, her new role permitted her to acknowledge that she probably had caused her mother some unhappiness. Marion was shown how she could control herself when her mother became irrational and yet not be defensive. Also she was to show a positive and helpful attitude when her mother wanted something done, or was in a more cooperative mood.

It might be helpful to include part of Marion's history in order to see why some of the methods were necessary.

1. Her first marriage was annulled by her parents. Her father promised at the time to send her to a music school but never did. She had been bitterly disappointed in this. She remarried later but her second husband committed suicide. This may clarify some of the allusions made in her character sketch to these things.

Marion stated that her unhappiness began at the age of five when her father deserted her and her mother. They were living in Kansas City at the time. Her mother was left much embittered by the experience and had given vent to it by using Marion as an object of hatred. As was mentioned in her character sketch, both her marriages represented escape from her mother. Marion in turn, after idealizing the memory of her father for several years in opposition to her mother's attitude, also came to hate him. This seemed to be climaxed by his failure to fulfill his promise to her, after her annulment. Interpreting her problems in the light of psychoanalysis, she had developed a subconscious hatred for all men by generalizing that they would disappoint and hurt her as had her father.

Her attitude in her second marriage was probably influenced by this and it is thought that the suicide of her second husband was more than accidental. This is known as a hysterical "prostitute complex" in which she had had to suffer.

Because of the depth of the problem it is difficult to say how much benefit was to be realized from the role therapy technique.

Her real problem lay in the earlier part of her life, and getting back to it when the results of it lay in the subconscious present was difficult. It was suggested that the conference could be dramatized at a certain time in the case's life; perhaps dramatized with the case first responding as might have been done at that age, and then going over the same situation, the second time the case using her role. If this could be done the case would have a chance to cathartize during the first dramatization and reorient herself to the old problem in the light of her role the second time. In Marion's particular case it was hoped that it might be done effectively enough to be retroactive; that is to say, refocalize her hatred upon her father (11) and remove the generality from her hatred. If this could be done her heterosexual adjustment would be more wholesome. By doing this she could also make a more mature adjustment to her father.

This method was employed in the second conference. Dramatization of three different incidents with her father were enacted in this manner.

In the third conference scenes before her marriage with her first husband, with him, a scene after the marriage, and a third after the annulment—the last time she saw him.

Scenes in the fourth conference were with the boy she was then dating. The two of them were going to take Civil Service examinations for positions in Washington, D.C. If they were accepted they planned to be married. The scene was directed toward preparing her for the disappointment if their plans did fail to mature. She said at the time this was the only thing she had to live for. She hinted that she might commit suicide if their plans failed.

Although certain circumstances prevented the continuation of conferences, she came to the clinic at a later date and reported that her home life had improved considerably, and, although she did not marry the boy or go to Washington, she did not feel terribly unhappy. It was felt that Marion had received some benefit from the conferences, since she wanted to continue them and reported improvement. It was felt, however, that much more needed to be done.

CASE FOUR

Francis also came to the clinic upon the recommendations of another case that was being handled at the time. His intelligence score was in the ninetieth centile for college freshmen, and the Pressey X-O showed no serious deviations from the normal. In the affectivity column he was highest in disgust and neurotic items.

The idiosyncrasy column was highest on neurotic items, but even then barely exceeded the seventy-fifth centile. His means were low in both columns, so these items may show some relative significance. The personality cards which were sorted in piles and seemed to have particular significance were:

I am never timid.

I rarely lose my temper.

I am in the very best health.

When I am trusted with a secret I confide in no one.

I am happy most of the time.

I rarely feel bored with other people.

Thoughts seldom or never keep me awake.

I like to do new things by myself.

I like to help other people.

I can't bear to make a fool of myself in public.

The cards which appeared to throw special light on Francis' problem were:

I am not able to stand a great deal of pain.

I get jittery if I have to do one thing very long.

I am always afraid of being humiliated.

Sometimes annoying thoughts come to my mind and won't leave.

I am moody.

I sometimes let people talk me into something and later realize I should have had more backbone.

I sometimes act cowardly.

I often make up stories and tell lies.

I am not as strong as most people think.

I can't bring myself to look people in the face.

I often have terrible headaches.

I lose my temper over nothing.

I think people talk about me behind my back.

I find it difficult to talk to strangers.

I often feel ill at ease in the presence of a teacher or superior.

I sometimes make a fool of myself to entertain other people.

I can't taste certain kinds of food.

At times I feel numb in certain parts of my body.

I am bothered by headaches.

There are certain foods I can't stand.

I have disappointed my parents.

I am a misfit.

As can be seen from the material presented neither the Pressey X-O nor the personality cards seem to indicate any specific difficulty. In group two of the personality cards appeared several of the sentences usually selected by hysterical patients (12). Some of them are given below.

I sometimes feel tired when I get up in the morning.

I am unashamed of all my unhappiness and troubles.

I am ashamed of myself for not doing better.

I sometimes have funny tastes in my mouth.

I can smell things by just thinking about them.

Sometimes cold chills come over me.

I frequently have a craving for special kinds of foods.

Once in a while everything goes blurred.

I have an enormous appetite.

Even this trend is not especially significant, however. He then wrote his character sketch, which seems equally naive.

I am a boy who was brought up in a school teacher's life and had to

The first conference was a dramatization between the case and the clinician, in which the clinician took the part of his girl friend. It came out in conference that the girl reminded the case of his mother and that was why he had selected her originally. He said he "dearly loved" his mother. According to psychoanalytic theory any conflict occurring at the oedipal level would have been repressed. If this were true, reorientation to the actual problem would have to occur at the same level. At the end of the first conference it was discovered that Francis had trouble with "ejaculatio praecox". This behaviorial symptom also seemed to indicate hysteria.

At the beginning of the second conference he mentioned this problem again. He said any bodily contact with his girl friend caused him to ejaculate. The clinician told him that the conferences were a means of taking care of this problem. He seemed satisfied with this explanation and was very cooperative.

During conference it seemed that it might help if the case were to lie down and relax. The procedure was according to Jacobson's methods (9) for relaxation. Hadley (7A) called this method "neo-catharsis". It is described as being somewhere between abreaction and regular catharsis, but much less violent than the former. By using this some of the conscious inhibition is released and the sub-conscious associations are brought into play. It was hoped that this would facilitate memory of earlier events and help this case to dramatize as if he were a young child.

The scene that was selected for the first conference was one which he had mentioned in his character sketch in which he pushed his younger sister off the sidewalk when the two were playing with their roller skates. The clinician took the part of his father. In the role of his father the clinician reprimanded him and then sent him into the house to tell his mother what he had done. The clinician then became Francis' mother and talked to him in the same way that she might have. The method was effective; when the clinician asked "Aren't you ashamed of yourself?", "Is this the kind of a little boy mother has?", Francis cried as if he were a small child.

The next conference centered about Francis' first date. The discussion was between the case and his mother. In doing this the clinician tried to go through a scene, first responding in such way as his mother might have concerning his dating and giving some girl part of his affection. This was to make him feel the conflict between the filial and connubial loves. Then the clinician repeated the scene in such a way as to release him from the connubial attachment to her and place it normally on the opposite sex of his own age. Soon after he reported that he no longer ejaculated prematurely but that he was having regular intercourse with her.¹ This and other evidence taken from this case seemed to indicate that Role Therapy could be adapted to the treatment of hysterical problems. Further con-

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ferences were made impossible by the termination of the school year, although this was a poor place in which to leave the series of conferences.

CASE FIVE

Arthur was the first case who was handled using the role therapy technique. He was in the ninetieth centile for freshmen on the intelligence test. On the effectivity items he was very low. His highest items were disgust, suspicion, and shut in; none of these exceeded the fiftieth centile. In the idiosyncrasy column he was in the ninety-ninth centile (plus) on suspicion, in the ninety-ninth centile on unpleasant, association, and wrong, and in the eightieth centile on shut-in items. This is relatively significant considering the few items he marked. The personality sentences which appeared in the very characteristic stack and which seemed to throw some light on the case are:

I put off work whenever I can.

I don't like to bother with other people's problems.

I'm always talking about myself.

I am always becoming discouraged and quitting in the middle of one job.

I often feel sorry for myself.

I am always afraid of being humiliated.

I am moody.

When I do something wrong I never feel satisfied until I've made up for it.

I worry about little things.

I guess I'm just not like other people

I often feel ashamed of myself and unworthy.

I often make up stories and tell lies.

I sometimes imagine myself to be a very great person.

Often the more I think of a problem the more confusing it seems.

I sometimes lose control of myself.

I often have terrible headaches.

I think people talk about me behind my back.

I sometimes feel that I am less worthy than others.

People like to have me tell jokes.

I am ashamed of myself for not doing better.

I have no self-confidence.

I like to help other people.

The cards which Arthur stacked in pile four are:

I have the ability to grasp an explanation quickly.

I feel that I have the ability to do most anything I decide to do.

In a conversation, after I have spoken I usually feel that I have made a genuine contribution.

I am able to forget unpleasant things in a very short time.

I have plenty of confidence in myself.

When I am trusted with a secret I confide in no one.

When I have a problem, I sit down immediately and reach a solution.

I have always kept my mind on what I'm doing and saying.

I have a stable personality.

I have definite ideal and ideas which I firmly stand by.

Thoughts seldom or never keep me awake.

Other people's presence never bother me.

I never regret things I do even when I do them on the spur of the moment.

I am unashamed of all my unhappiness and troubles.
For a character sketch he wrote the following:

To tell about this person is a story. Tall, sad-eyed, large nosed, jaw a little prominent and angular, black hair, thin beard, emotional lips for a large voice. Poor intellect, too introspective, easily moved by emotional experience, and weakness in being moved to tears by music, paintings, weakness in others, beauty in anything. Likes everyone, but a little too apparent in this love of all types of people. Inquisitive as to what makes people react the way they do. Always searching for a reason, a link, that will help to see inside of them. Picks up a magazine and looks for sensations such as nudes, but once seeing them is not interested—loses interest unless there is inspiration behind it—lasting thought and a vital spark of beauty.

Gathers odd people about him; people with a love for one thing such as art, or farming, or making money—people that have no interest in art or in anything, but enjoying only physical pleasure—getting drunk. Has a strong desire to help them, to increase their appreciation of life. At first the attraction is physical—whether of either sex, the attraction is physical. If the person is not shallow the attraction changes to a desire to help them and the result will be by being helped. It is purely selfish; if they can't be helped, they will probably be able to share their pleasures and do the helping themselves.

If the individual is shallow a different process follows—it is long and difficult and usually results of it. It involves arguments, shocking to get them to thinking, and thereby their horizons broaden and his, too.

Loves attention, loves to do something well, but is often warped by extremes of emotion. Blue periods, gay periods. The blue periods are exceedingly gratifying if they are brought about by himself, but let him be involved in them by circumstances and he finds a fourth wall and then it is bad. There are never thoughts of suicide; he only wonders why there are not. He must be an extremely odd person because I have seen people stare wonderingly and then look away.

It was decided that he had many of the symptoms of an anxiety and psychastenic personality. Together with this was his loves for people. He desired friends but would probably feel rejected by society. He apparently felt incapable of holding his own in society. He seemed to feel isolated. Exactly what the bases for these were could not be discerned but it suggested homosexuality and fears of social ostracism as a result of it if he were exposed.

This is the role which was written for him.

You are a sample of life, interested in what others are doing and saying. Although you are interested in them, you are a little aloof of them emotionally. You observe them and find out the whys of their nature, ask them questions; you discover what people really are; you are the kind of a person who has not always done the right thing and who has been criticized a great deal, but you have experimented with yourself, with other people, and with life itself. You want to see what makes them tick. You are not thick-skinned, but you are too preoccupied by intellectual curiosity to be bothered by what others say. You participate in life itself. You do the kind of things successful people reminisce about doing when they were in college. When you go to bed at night you go, having seen the passing parade, and not as one who sat

on the sideline and munched peanuts. You are particularly interested in people who are afraid of the world and, like a boy with a turtle, try to coax them out of their shells.

This kind of role was given to excuse him many of the feelings of guilt, and support his ego. It allowed him to be the interesting person he was and feel that he had a purpose in life which was much bigger than he was, and still let him be just about what he was.

In the first conference, the case was given his role and was then put into a scene in which he opened up a conversation with a freshman, who was about to be ousted from his boarding house. He asked Arthur what he should do about it. In this way Arthur was thrown into the role of a friend to people who are afraid of life.

In dramatizing this situation Arthur was in a position that he had to interpret society keenly and fairly to the freshman and at the same time keep the freshman's problems in mind so as to advise him as to what was best to do. This kind of situation makes him balance society up with the individual in such a way as to bring about a positive adjustment to it. It was planned this way because it was probably different from what a person of paranoid tendencies, as appeared in Arthur's diagnosis, would ordinarily do.

Arthur handled the situation fairly well and seemed to sense how he would act in his role. He made a few suggestions to the freshman and invited him to come over to visit him if he felt lonesome.

For the second conference, Arthur was asked to pretend that he was now married and was talking with one of his neighbors. The initiative in the conversation was shifted to Arthur to give him practice using his role. This idea of marriage was to suggest that despite present homosexual tendencies he would work out a successful heterosexual adjustment.

It was known to the clinic through other sources that Arthur had been having a number of difficulties.¹

In conference he didn't care to dramatize his role, but wanted to cathartize his problems. It was with some difficulty that the clinician kept him in his role. He said he was asked to take up a character and "ad lib" in dramatics and the idea made him "sick". It was felt that it was best to postpone the conference until the following day.

For the next conference the supervisor of the clinic played the part of the dean of men and a scene was enacted in which Arthur was called in by the dean and asked to quit school. He told the case that he was no good, did not appreciate his opportunities at college, and was a demoralizing influence on the other students. Then the supervisor, hoping to place the case in a situation which would force him to use his role, called him a bum and a worthless homosexual. However, the case

1. He had been asked to leave the place he was staying. The cause for this was unknown to the clinician. He then planned to move to a boarding house but was informed by the landlady that she could not take him. He said in the next conference that he had been spending most of each day in a college sweet shop writing English themes for students in exchange for packages of cigarettes or money.

became depressed and said nothing. The supervisor then suggested how he might reply under stress. The case was still too frustrated to act, so the clinician was substituted in his place, the supervisor repeating the scene and the clinician responding the way the case should have. The case was to be too interested to let the accusations depress him. When the dean told the case he was a homosexual he was to ask something like "How can you distinguish a homosexual, Dean Hoffman, how are they different from other people", or, "Do you have many cases of this kind?" The attitude to be expressed was one of an experiences or sampler of life. It offered the case ground on which to stand, an attitude, and a projected way of meeting situations.

At the end of the conference the case had regained his composure and appeared to grasp the significance of his role.

Arthur came to the next conference on time whereas he usually missed or was late if he did come. Again the supervisor dramatized with Arthur. This time the scene was between the case and his father. His father asked him why he had lost his job. Arthur told him he was having some difficulties which bothered him, and turned the point of conversation by saying they should really come to know each other better. Throughout the conference the case clung to his role and seemed more reassured than at previous times. It was then explained that this was the real Arthur Drico. Now he could associate with people, knowing how to control those old fears of homosexuality and social rejection which has always kept him in a state of anxiety. The case had apparently made quite a change since his last conference. The director of his activity group came over to the clinic to tell what a great change had taken place in Arthur. He worked much harder, was more sociable and interesting, and seemed like a different person. His employer, who knew nothing of Arthur's therapeutic conferences, remarked to the acting director afterwards that Arthur was getting to work on time and doing much better work.

Arthur himself reported that he was happier than he had been for a long time. During the remainder of the school year he continued to report improvement.

CASE SIX

Gertrude¹ was a school teacher in a high school about one hundred miles from the clinic. She came in for a one afternoon conference. She was given the regular battery of diagnostic tests. Since she was a college graduate, senior norms were used and she was in the seventy-fifth centile on the mental test. The Pressey X-O showed disgust, worry, shut in, and melancholy items to be the highest in the affectivity column. All of them were at the ninety-fifth centile or above. Paranoid items were at the eightieth centile mark. In the idiosyncrasy column unpleasant, disgust, association, and wrongs were in the ninety-ninth (plus) centile.

She sorted the following sentences into stack one:

1. This case history offers little evidence for or against Role Therapy and might well have been excluded. Her needs were such that the most helpful kind of role could not be given to her without a more specific knowledge of what the needs were. This would have possibly been gotten from a series of dramatized conferences. Instead of being excluded entirely the case history was included, but shortened.

I have the ability to grasp an explanation quickly.

I sometimes feel wishy-washy.

Often the more I think of a problem the more confusing it seems.

I am in the very best health.

If I had more courage I would do many more things than I now dare to.

When I am trusted with a secret I confide in no one.

There are certain foods I can't stand.

I am a misfit.

The sentences which appeared in the pile of "just opposite of what I really am", were:

I don't like to bother with other people's problems.

I am not able to stand a great deal of pain.

In a conversation, after I have spoken I usually feel that I have made a genuine contribution.

I am never timid.

I have plenty of confidence in myself.

I can't bring myself to look people in the face.

I am very slow in making up my mind.

I think people talk about me behind my back.

When I have a problem, I sit down immediately and reach a solution.

If I should die tomorrow, no one would care.

I have definite ideals and ideas which I firmly stand by.

I never feel sorry for myself.

I am often annoyed when people ask me personal questions.

When something unexpected happens I rarely feel upset.

I frequently feel a craving for special kinds of foods.

Her character sketch was as follows:

Billie didn't want to commit murder or even a bank robbery, nor did she hate or love intensely, but she did have a few problems. When she graduated from college she went into teaching, not because she wanted to, but because she knew of nothing else she could do. Teaching proved to be more of a burden than a pleasure (as she had feared) because there were several things about the matter that bothered her. She did not like to discipline the youngsters (high school) for it seemed that they were old enough to know how to act. Teaching, itself, proved to be a problem for she expected enthusiasm (or at least response) and when only a few could live up to her standards of a student (pupil) she felt that she was not a good teacher. Another thing that bothered her was that she felt she was not a perfect teacher, in fact, she felt that she didn't even have the earmarks of one. She was not a moral example (she liked to dance, smoke and drink occasionally, and men seemed at least a means to an end for her). She also felt that her knowledge of her subject was a mere smattering in comparison to what she should know. Another thing that caused her to worry was that she was fired two years in succession with no apparent reason. Now she is wondering if there is something radically wrong with her personality, appearance, or general outlook. Some people respond to her immediately (very few) and with others, it is only over a period of time that she can make friends. This may be due to a big nose which gives her the air of a snob, but which covers a great deal of timidity. This timidity is an outgrowth of a childhood inferiority complex concerning her small sister. Her sister was always cute and had a sweet smile for everyone, but Billie was

always shy or the extreme opposite (very outspoken). Consequently there were always compliments about the sister concerning looks, manners, etc., and Billie was reserved for the intelligent list. This always rankled for her greatest desire was to have people like her—great gobs of people—but her brusque way of speaking never appealed to the multitude. Only during the last few years did she realize that her sister had had a complex because of Billie's good grades and rapid school work. There was another situation in Billie's life that caused her some discomfiture. She had always had an intense dislike for her father. He was a domineering, uncouth individual who always wanted someone else to do his work. Because of this he would associate with the crummiest individuals in order to be superior. Her mother took this for a long time and was finally divorced, but his influence had already been felt. The father was a person who was always complaining of an ache or pain or about someone doing him a dirty deal. Billie has worried for years that she will develop the same type of personality, because everyone had said she resembles her father. Since her parents were divorced she has only seen her father once and she was very humiliated by his table manners, appearance, and his general conversation. This is why Billie went to the psychologist.

It appeared that Gertrude had lived part of her life worrying over possible unpleasantnesses which might occur and had started out in her teaching career to make them occur. She said in conference that she was to be dismissed for the third time from the school at which she was then teaching. Most of her symptoms were common to cases who have compulsion neuroses. It was not felt that Gertrude was given much actual aid in the one conference, but no check-up was made.

She was given a role which was suitable to a school teacher, but yet gave her the feeling that she could turn her popularity with the students into a meaningful and helpful role—helpful both to her and the students. These sentences taken from her role express best what the clinician was attempting to give her. "You are doing a fundamental kind of work in the lives of your students. Other teachers may not realize how important their work is, and how far-reaching its influence may be."

Two scenes were dramatized. The first was with a school superintendent to whom she was applying for a teaching position and the second was one in which a student was about to quit school because he was not being benefited by it.

Gertrude objected the first scene because she said she was tired of teaching and getting "fired"; three times was enough to prove that she was no good at the school teaching "racket". Before dramatizing the second scene the clinician suggested that her role could be useful during the rest of the year, but its applications were not limited to the school room. At the end of the second scene, during which she cooperated more than in the first, she expressed disappointment that she had not been told the kind of psychological "make-up" she had. She said she would be able to return at the end of the school year for another conference or series of them. She did not keep the appointment, however. Her diagnostic material suggested that she needed reorientation to many very fundamental problems which could not be probed into effectively that afternoon. It was hoped that scenes could be presented in the later conferences which would give her a chance to cathartize her feelings and understand her problems in the light of her role.

CASE SEVEN

Laura Lou came to the clinic to get some help with study habits. On the mental test she was in the fortieth centile for college freshmen. On the Pressey X-O the highest scores in the affectivity column were on disgust, sex, paranoid, and shut-in, melancholic and paranoid items, which were ninety-ninth, eightieth, and sixty-fifth centiles, respectively.

The sentences on the personality cards which seemed to be of particular significance were:

I often do things against my will.

I often feel sorry for myself.

I am always afraid of being humiliated.

In a group I'm very quiet and reserved.

When I do something wrong I never feel satisfied until I've made up for it.

I am able to forget unpleasant things in a very short time.

If I had more courage I would do many more things than I now dare to.

I sometimes feel frightened by my thoughts.

I think people talk about me behind my back.

I feel that I have no real friends.

I often feel ill at ease in the presence of a teacher or superior.

I sometimes think something terrible is going to happen.

Even with an acquaintance I sometimes feel uncomfortable and unwanted.

I have no self-confidence.

I can't bear to make a fool of myself in public.

I wish someone would tell me just what to do.

I often pretend I am something I'm not.

At times I feel weak all over.

I have often been afraid I was going crazy.

I often think that the things people do mean more than just what it appears.

The cards which she stacked in pile number four which seemed indicative were:

In a conversation after I have spoken I usually feel that I have made a genuine contribution.

I am a very popular person.

I am boisterous and show off in a crowd.

I have plenty of confidence in myself.

When something unexpected happens I rarely feel upset.

I frequently have pains in certain parts of my body.

The character sketch which she wrote gave a great deal of direct insight into the kind of person Laura Lou thought she was.

She was a college student completing her second semester as a freshman. I knew her quite well having been an associate of hers for all of my life. She was a very ordinary girl. This girl was very self-conscious. She had an intense dread of doing wrong, especially when in front of strangers and her intermediate superiors, such as teachers. She feared to approach her superiors; in fact, I believe that she often believed them to be individuals which would injure and take advantage of her. She always had the feeling of appearing small, unimportant, and insignificant in the eyes of her superiors even though they were persons of her own age and intelligence.

She was an introvert; or according to a previously taken personality test, she was termed thus. She was emotional to the extent that a mo-

tion picture show would often bring her to tears. She rather feared members of the opposite sex—especially those of her own age. Maybe I should not use the term “fear”; but most of the time when meeting a boy, she would tend to shrink up and would never be able to think of anything to say to him. This was particularly true when the meeting was accidental or by chance. When among friend whom she knew well, she oftentimes would pour out her feelings and afterwards would have a feeling of relief.

Maybe the following fact should be known. This girl who was only seventeen was the only child in her intermediate family. Her parents lived on a farm with no close neighbors, and it was only when she attended school that she had any playmates. During high school she had no intimate friends who were her classmates, but instead she looked at girls some years older for companionship. Indeed, among her classmates, she had, and still does have, a feeling of inferiority and of being left out. She always feared and dreaded the opinions of others about herself. She always believed that they did not like her and did not want to associate with her. Indeed, I imagine that she had a deep longing to be the center of things, even to the extent of being a leader. She held back and did not try to attain leadership because she feared that she might be laughed at. Instead she always was an outsider looking in at the activities of the ‘we-group.’

It might seem worth while to illustrate a point which was made in the introduction that just any role which seems to meet the case’s problems cannot be used. Laura Lou need friends, she wants to be accepted by boys, and in general “socialize” more. Here is an example of a role which could be given to meet these needs but would be unsuited to her personality.

You are a person who takes advantage of all social opportunities with the opposite sex. You are attractive, poised, and interested in what is going on about you. You are ‘peppy’, vivacious, and enjoy a great number of things. You go out of your way to make friends. You now do with ease some of those things which formerly you dreaded to do. You don’t reproach yourself for every little mistake you make, but you are tolerant with other people as well as yourself. You are broad-minded and sympathetic with them and are always doing new and interesting things.

If such a role were given it would have been too difficult for her to handle. It did not harmonize with her natural personality. By nature she was reserved, not in the least a social mixer. She did not have the ego-strength to solicit friends nor the confidence to attack any of the things which she dreaded to do. There is little doubt but what she would have found it too humiliating and trying to be vivacious. In addition to this, the role tried to alter so many of her characteristic personality factors that she would have been unable to keep them all in mind.

Role Therapy, as it is understood, is the natural personality of the case socially expressed. It is necessary to study the individual sympathetically in order to tell how the “real” self might better be harmonized; it capitalizes on natural potentialities.

This is the role which was written for Laura Lou:

You are always charming, gentle, and refined. You are never rowdy or coarse. You have many of those traits which other people desire—poise, gentleness, personal charm, and wholesome beauty. You are a lady as others would like to be, but are too awkward. When peo-

ple become acquainted with you they like your freshness and charm. When you wear a new dress it always seems to suit and when you come into a room it will be just as if you belonged there. You will seem so harmonious that people may not notice you; this is because you seem so natural. You are sensitive as to how others feel and they feel quite at ease in your presence.

You don't want the kind of self-confidence some have, the thick-skinned type, but the kind that comes from knowing that you have poise. You are the kind of person people like to be with, because they feel that their personality is being respected when they are with you.

Laura Lou liked the role and seemed to be able to use it quite naturally with a little practice. During the four conferences she appeared to grasp the situation and remain in character most of the time. When she became frustrated, nervous, or did not know how to reply, the clinician helped her.

When she came to the last two conferences she no longer hung her head but smiled confidently when she asked the secretary if the clinician was in. She felt that the conferences and role had been very helpful and was satisfied to discontinue.

CASE EIGHT

Frederick¹ was the case who, it was felt, showed signs of disintegration while under therapy. He had been an outstanding student in high school and had won several state championships in scholarship.

On the mental test he scored in the ninety-fifth centile for college freshman. On the Pressey X-O he was highest on joker items; this is usually considered a sign of disintegration. He was in the ninety-ninth centile (plus) on joker items. This occurred in both the affectivity and idiosyncrasy columns. The other items which are of significance are: shut-in items, seventy-fifth centile. In the idiosyncrasy column he was in the ninety-ninth centile on unpleasant, suspicion, joker, wrong, worry, paranoid, and shut-in items. Since his mean would be so high in this column, it would serve no purpose to report lower items.

The sentence which he considered characteristic of himself were:

I have the ability to grasp an explanation quickly.

I put off work whenever I can.

When I try to be humorous I bore people.

I don't like to bother with other people's problems.

I'm always talking about myself.

I am bored by the way most people amuse themselves.

I am not able to stand a great deal of pain.

I get jittery if I have to do one thing very long.

1. Frederick was a case of especial interest. He was showing some schizophrenic tendencies, and had almost no "ego-strength." He preferred the discussion of some philosophical question to organization of life scenes. He tried to analyze the content of his role in order to see why it would help him. After the conferences had been changed to "Didactic Therapy" and his questions were satisfied, he asked to have his role back.

I am always becoming discouraged and quitting in the middle of the job.

I feel that I have the ability to do most anything I decide to do.

In a conversation, after I have spoken I usually feel that I have made a genuine contribution.

I sometimes let people talk me into something and later wish I had refused them.

I often feel sorry for myself.

I am always afraid of being humiliated.

Sometimes annoying thoughts come to my mind and won't leave.

When I look down from high places I get dizzy.

I let my mind wander and forget what I am doing and saying.

I am always doing something and feeling sorry about it later.

In a group I am very quiet and reserved.

I am moody.

When I do something wrong I never feel satisfied until I've made up for it.

Life is, as a whole, rather a miserable affair for me.

I try to protect people's feelings by saying the kind thing.

I sometimes feel "wishy-washy"

I sometimes let people talk me into something and later realize I should have had more backbone.

I worry about little things.

I sometimes act cowardly.

The sentences which he thought were just the opposite of what he really was, follow:

I like to do things which call for resourcefulness.

When something unexpected happens I rarely feel upset.

I sometimes think something terrible is going to happen.

Even with an acquaintance I sometimes feel uncomfortable and unwanted.

I like to do new things by myself.

When I try something new I want to know exactly how to do it.

I am ashamed of myself for not doing better.

I have no self-confidence.

I like to help other people.

Sometimes I tell something about someone which was told to me confidentially.

The character sketch which he wrote is somewhat disconnected and unclear. Some of his statements are fragmentary and have no apparent relation to the rest of the character sketch.

I leave myself wide open by doing this. I should conceal my egotism but in the interest of truth and all that, I don't.

Most of his thought or at least a large share of it, was taken up in defending himself. My God! Wasn't he as social, witty, affable, jovial, and personable as those about him? Why did people avoid him, speak to him in condescending tones? Perhaps he was so brilliant that they were envious. He rejected this, at least consciously, as being ridiculous and merely another technique in this huge matter of self-defense.

So far as I can perceive, people in the general think I am weak physically (I agree), intelligent (I agree, though perhaps I accentuate the impression by the use of superficialities and techniques), fairly moral in spite of my frequent and little tiring protests to the contrary, spoiled (I do not know; six thousand people can't be wrong in view of the fact that they are the final judges. I would prefer not to think so. I would include a lack of courage and weak will power. The latter I consider one of the most typical or obvious traits).

The thing which had troubled him most and obsessed him all through life, he came to accept toward his seventeenth or eighteenth year. He resigned himself, but not completely. In writing this I am employing a favorite ruse-speaking objectively and thereby placing myself in the position of God—in other words, above my companions.

This will be a singularly muddled and inaccurate report. I am thinking nothing, being elated. It would be better if I tried again when I am depressed, then only can the flow of my complete self become vivid. Watson said, 'You may not be a salesman, but you can sell on your charming personality!' Said Watson later, 'well, I'll tell you, I've been in lots of sanitariums but you're the craziest ass I've seen yet.'

Would it be possible to integrate my life? Hell, if he could stop these moods, moods, moods, Moods! If he be depressed all the time—at least something all the time. Then, on the other hand, perhaps he was inventing it. He was caught, trapped, and there was no way out. The most beautiful woman in the world! Hardly. But he told himself so. He told her so too, later. Now it all seemed so insincere! Perhaps he was insincere. If he was, he prided himself on it. He had to. You see, he didn't believe in his own sincerity. Life had its good moments—only rarely, of course, but still...

From the evidence presented he was diagnosed as having a compulsion neurosis with some paranoid tendencies. This was characterized by his feelings of persecution, "hair splitting" devices, and unrelated thought fragments.

In recognition of his needs, the following character sketch was written for him.

You are a person of wide creative ability. Nothing ever happens of which you are not aware. Every experience offers you an opportunity from which to create or produce something. You make your ideas serve a purpose. You draw characters for your writing out of the people you see in the classroom, in the restaurant, or on the street. You make a note of what they say, how they react to a situation, or how they are different from others, and because of it a character in a story really lives. You organize plans and devise schemes for doing things which will make other people's lives easier and richer. You are also a student of reactions. When you have written a play you may read it to them, not for criticism, but to see what kind of effect it produces in that individual. You experiment with their reactions to get them to be effected in the way you want them to be.

You are not a social leader in the sense that you are a good 'back-slapper' but rather you are an intellectual leader. When with others you may be rather quiet but when you do say something they recognized that a real contribution has been made. You are a leader in the sense that you 'get there first' not that you have a group of followers.

During the first conference the role was read to him and he was apparently satisfied. A few minor scenes were enacted which had no bearing on any of his particular problems. In the dramatization he showed that he understood how to play the role. Occasionally he asked questions and appeared to be satisfied with the explanations offered.

The case seemed to be in good spirits and cooperated in the scenes during the next few conferences. From what the case said, the role offered him considerable "ego" support. The case asked in the second conference what kind of magic was contained in the role. He reported that it made him feel as if a weight had been lifted off him. Because of Frederick's compulsion tendencies it was suggested that

he was to make no important decisions on the basis of how he was then feeling. It was apparent that his feeling of "well-being" was due to a checking, by the role, of certain super-ego dominations. If this were true, aid was only temporary.

From what was brought out in the fourth conference it appeared that he had not taken the precaution that was suggested. He quit his work. He gave the explanation that he wanted to sleep one morning. After further inquiry he revealed that he had been feeling unhappy. He disliked his employer and the boys with whom he worked. He said he was afraid he might pick up a hammer and hit his employer on the head, and he had quit the job to prevent himself from doing so. He expressed the hope that he might be given a new role since the other one no longer meant very much to him. When he was asked "why," he replied that he had had time to think it over. He continued by saying, "It still helps enough to keep it because I can now do a lot of things which I couldn't do before without feeling terribly depressed afterward."

The clinician suspected if the case began to analyze his role he would lose his sense of proportion and the role would become meaningless. The clinician explained that the role was just a way of adjustment and there was no value in trying to discover why it had made him feel happier. At the time this seemed to satisfy the case, so no additional explanations were offered.

During the last conference Frederick reported that he was feeling much better and felt confident that he would be able to continue without further assistance. Those acquainted with his problems felt that it would have been best to continue the therapy over a long period of time.

About a month later he returned to the clinic and asked for additional conferences. He said he did not even remember the role and was not satisfied to try the dramatization method again. He had been reading some books on abnormal psychology and wanted to know how they related to his problems. He asked what kind of a neurosis he had and in what way Role Therapy was supposed to help him.

After a conference with the supervisor the clinician then had a series of conferences with Frederick. In the second series of conferences the case was given insight into the general nature of his psychoneurosis and shown how the role was a solution. A review of the case under his therapy need not be given, since it is not a part of Role Therapy procedure. It might be said that it covered several weeks and followed the general procedure for a "didactic therapy" (12).

At the end of the conferences he said he was now able to understand the relationship between what he needed and the role, and was going to continue with the role. This last suggestion came from the patient. The clinician did not urge him to try to accept the role after Role Therapy was discontinued.

OTHER CASES

Four other cases made application for treatment at the clinic but they will not be described at length. None of them went through enough treatment to be helpful and some of them were only given the diagnosis.

The first of the four was a boy who came to the clinic out of curiosity. His diagnosis suggested that his problems were ones of inferiority feelings. He had been the next to the oldest in his family until his brother was accidentally asphyxiated by gas. His brother had made a social and scholastic record which Paul felt he could not equal. Yet other people expected him to do so. He apparently hated his brother yet felt that he could not admit it because he was dead. He completed

the diagnosis but never returned for treatment.

Mrs. Ring was referred to the clinic by the Welfare agency of a neighboring county. She was married and had a baby, but her husband had been inducted into military service. The diagnosis showed that she was low in intelligence and seemed poorly adjusted in social areas. Since her husband's induction she had been dating other men and was considered a nuisance by the welfare agency. She was given the role of a war mother and arrangements were made to get her a job in a larger city where she was unknown. A psychologist who was in the city took charge of the case. A later report said that aid given her there had been unsuccessful.

Another case was a girl who was diagnosed as having hysterical tachycardia. Her diagnosis was later confirmed but circumstances did not permit a continuation of Role Therapy.

The last case was a girl who appeared to have a number of problems but she was not eager for treatment. She had been recommended to come to the clinic by a friend and felt that it was very humiliating. Her diagnosis was complex and seemed to suggest that she was bordering on a psychosis. She appeared to want the conferences but took every opportunity to miss. Shortly after, she got a job which prevented her from coming to the clinic.

There were others who came to ask for therapy. The clinic's services, however, were not continued during summer, so they could not be accommodated.

CHAPTER III

CONCLUSIONS DRAWN FROM THE PRESENT STUDY

1. Role Therapy can be adapted to the treatment of many kinds of problems.
2. Conferences can be planned so that they take into account catharsis.
3. In using this method the psychoclinician may employ positive suggestion-which gives the patient the impression that the role is going to be successful.
4. After the first few conferences, if the role seems to fulfill the case's needs insofar as he has insight, it may be that it will work satisfactorily past the point where his insight leaves off.
5. The role provides a definite place for the case in society. It also helps to give organization and predictability to reality. That is to say, the role offers the case a "ready-made" adjustment in these respects. This might be described as a "semantics" formulation.
6. Inasmuch as the source comes from without, the case is relieved from making subjective evaluations of himself. Such evaluations would take place if the case were trying to effect his own personality changes.¹
7. In Role Therapy the case feels that his adjustment is supported by the psychoclinician (Moreno's "auxiliary ego") (14). Therefore, it seems the case might

1. The case is not left to work solutions to this own problems as is done in psychoanalysis. Instead he is given a specific adjustment to them.

have the confidence to feel that in his role he would be accepted by society.

8. Role Therapy does not impoverish the "ego-strength."

9. Role Therapy removes the humiliation connected with the case's problems. It gives the case the right to have his problems, but on an objective and talkable basis. The facts of the problem are made "to fit" into the scheme of things.

10. Role Therapy gives the case status. The new personality is stabilized and made dynamic in the dramatized conferences.

11. Role Therapy offers an immediate adjustment to the case's needs. In psychoanalysis the case's problems are not resolved for a long period of time.

12. As Edwards (5) mentioned the therapy was of most value in handling college orientation problems and in dealing with cases of social maladjustment and ineptitude. In view of the present study, however, it appears to have a wider application.

13. In this study there is little evidence to qualify Edward's conclusion that Role Therapy is of little value in treatment of schizoid types where "ego-strength" is low or for those who enter upon new roles simply for the sake of adventure.

14. Results of this study confirm Edward's (5) statement that Role Therapy is economical in respect to the time element involved. An optimum amount of time for each case depends upon the problems of the case and also upon the clinician's insight into these problems. The clinician continues to get insight into the case's problems in the dramatized conferences. This insight is not then solely dependent on the diagnostic tests.

15. It appears that this therapy may be successfully modified to accommodate neuroses in which the actual conflict has been repressed, e.g., the cases of Francis and Marion.

16. In the one instance in which Role Therapy did not seem to aid, the case was not prevented from being treated through another method.

17. In order for any therapy to have permanent value, it must meet the case's most disorganizing situations. Although there is no reliable method of checking the permanent values of Role Therapy, the cases presented some positive evidence¹ in this direction.

18. Transference does not offer such a problem in this type of therapy. From experience in this study it seems that conferences can be broken off at almost any point without serious difficulty resulting.

Some of the conclusions which do not seem to justify this therapy should be included. It was observed that if not handled carefully, this therapy may give the ego a temporary strengthening based on the case of Frederick. There is, as mentioned before, some doubt as to how permanent the adjustment has been in some

1. In two of Edward's (5) cases in which "follow-up" work was done, there was a continuation of progress appearing several months later. In the present study no "follow-up" work has been done.

cases. Different from what Edwards (5) concluded, the therapist must be able to understand the needs of the case with a minimum amount of evidence present.¹

In handling certain cases the time element may be one of the most valuable aids to the therapist. There may be a certain maturation value in other therapies which can be effected only by conferences over a long period of time. In some cases insight may be essential. By careful selection of scenes, the insight may be provided for in role therapy. This may mean a reinterpretation of role therapy, but there is no reason to suspect that this could not be done.

This report does not purport that the conclusions are any way final. Further study will be necessary in order to gain an adequate understanding of the therapy's applicability.

1. Therefore this study does not agree with Edwards (5) conclusions that this therapy does not require a great amount of intelligence on the part of the clinician. However, it does not seem that the case need be particularly intelligent. This study can give no evidence in support of this notion since most of the cases handled were of superior intelligence.

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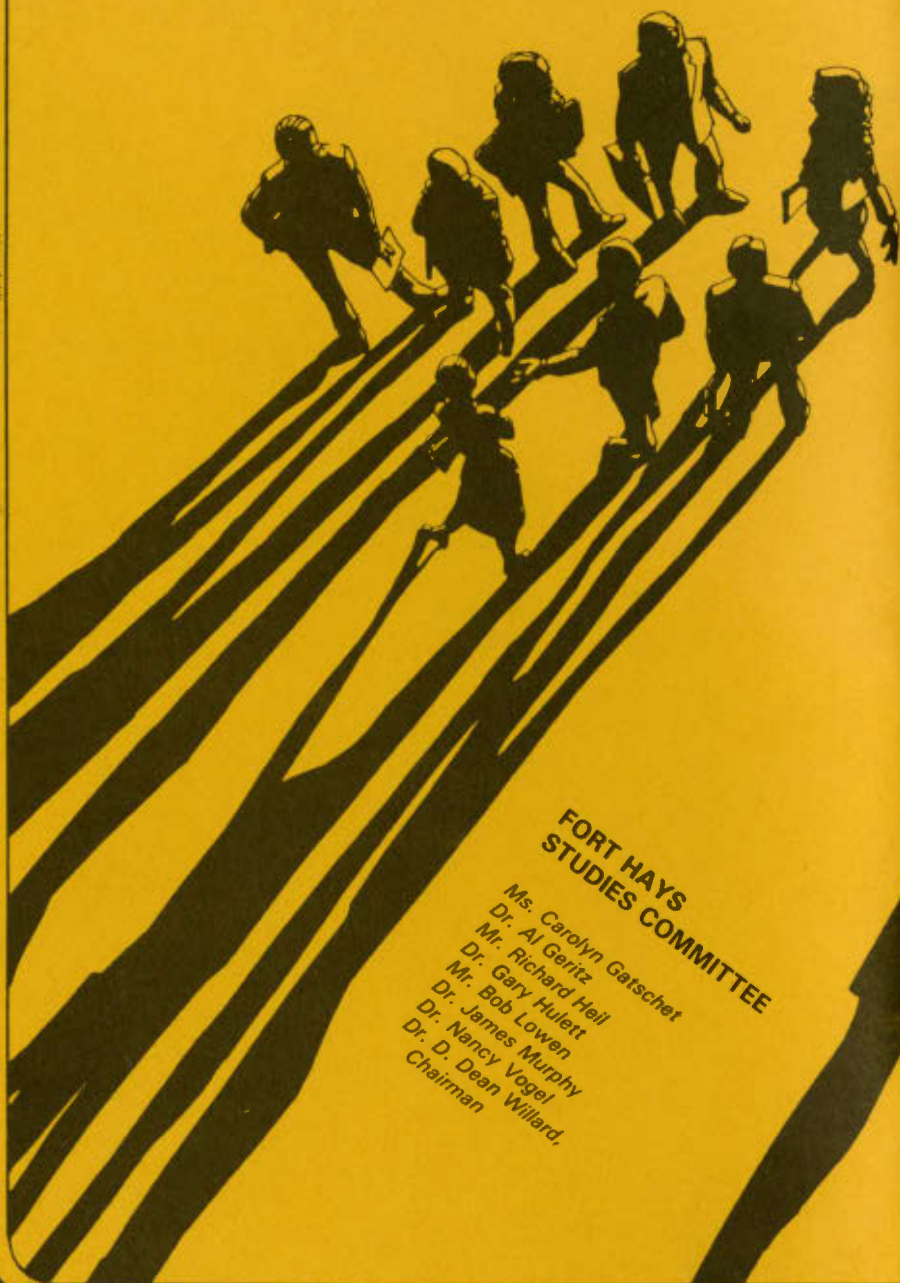
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