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# A Comparison of the Effects of Different Sociometry Components on Personal and Interpersonal Growth

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ABSTRACT. In this study, the authors compared the effects of different sociometry components for producing personal and interpersonal growth both in and outside a group context. Starting with "near" (weak) sociometry (the perception of others' social desirability in stated contexts), participants progressed through four phases, the last encompassing full (strong) sociometric involvement (choosing according to a specific criterion, implementation of the choices, and disclosure and exploration of the reasons behind the choices). Multivariate and univariate analyses supported the contention that complete involvement produced the most positive effects on all dependent variables.

IN RECENT ARTICLES, authors have reported their attempts to examine and to strengthen the efficacy of sociometry. Carlson-Sabelli, Sabelli, Patel, and Holm (1992) suggested considering the relationship between choices and preferences, measuring both and using both measurements to increase validity of prediction. Remer (1995a) and Remer, Lima, Richey-Suttles, White, and Gentile (1995) urged a return to Moreno's original formulation of sociometric measurement, with emphasis on implementing the choices and making the reasons behind them more overt. They stressed the potential for both personal and interpersonal impact in its use.

Although both these related areas offer possibilities for enhancing the use of sociometry, we need empirical input to judge their worth. In light of Remer's (1995b) cautions, we also must examine potential dangers. We undertook this study to provide such information. Specifically, we explored these areas: the participants' reactions to the full sociometric process; the personal growth impact, both in group and outside it, the interpersonal growth impact in group and out; and the effectiveness and efficiency of "strong" sociometry (Remer, 1995a) compared with weak sociometry (Moreno, 1951).

Using a repeated measures design with an ongoing psychodrama therapy

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group of 8 participants, we assessed the impact of different depths of involvement in the sociometric process over four phases (p1, p2, p3, p4). In the first phase, members expressed their perceptions of the others' social desirability on a predetermined set of criteria. In the second, they submitted their positive and negative preferences about the person with whom they wanted to do a specific group exercise. (The selections were submitted to the group leader who constructed sociograms based on them for use in subsequent phases.) In the third, they experienced the impact of their choices through anonymous action sociograms. In the fourth, they shared the reasons behind their selections and the impact of those disclosures. After each phase, members independently and anonymously completed a 25-item questionnaire (internal consistency, .83) designed to assess their reactions in the six areas mentioned. In addition, we noted spontaneous verbal comments.

The multivariate analysis of variance for phase on the 25 items proved significant (Roy's greatest root = 91.312, F[25, 5] = 18.26, p < .005). Repeated measures univariate analyses, followed by Tukey (HSD) tests yielded 20 statistically significant phase effects at p < .05 or better. In each case, full (strong) sociometric exposure produced more positive results than the (weak) condition. Even when no significant differences were detected between the second and/or third phase conditions and full exposure, the pattern of ratings suggests that full is more effective (in 24 of 25 instances p4 > p3 > p2 > p1, p < .0001). The notable exception was the item addressing rejecting others, where participants had the most difficulty in phase 2, although not significantly so.

The results support the contentions of Remer et al. (1995) that strong sociometry can have a significant positive influence on personal and interpersonal growth, both in and out of the group situation. Choosing—in particular, rejecting—may be the most difficult aspect of the process. Preferences and choices do seem to have different impacts, a finding consistent with the suggestions of Carlson-Sabelli, Sabelli, Patel, and Holm (1992). Because of limitations of our study—most notably, the small group size—we need more study before we can generalize the results with confidence. (Participants' comments suggested that the experimental manipulation was not transparent, so the results would not seem to be contaminated by such factors as social desirability of responses.) With that caveat in mind, however, we can conclude that weak sociometry may have other uses but was not found to be as effective as strong sociometry for accomplishing the present aims.

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### **BRIEF REPORT**

## Managed Care and Inpatient Psychodrama— Short Sessions Within Short Stays

Psychodramatists need new ways of conceptualizing and providing psychodrama in this era of 7- to 14-day inpatient stays, with programmed group times being only 45 to 60 min once weekly. Our experience at several psychiatric hospitals in Chicago has shown us that we can be surprisingly effective by making the following changes in our technique:

- 1. We have found we can eliminate the warm-up because the patients interact and are continually working together on their issues. This interaction reduces the need for the director's having to focus the group and build interpersonal trust.
- 2. We generally do not have to spend much time setting a scene because the protagonists often prefer to remain "grounded" in the safest space they know, the group room itself, and because the scenes that are to be played often are set in a surplus-reality context in which the actual surroundings are irrelevant.
- 3. There is less need to begin in the present and search for a past scene because, often, patients have been dealing with the past with their other therapists or in a psychotherapy group and can go directly to that scene.

We take no shortcuts regarding sharing and de-role-ing and give integration a priority by the end of the session. We reassure other patients who have played problematic roles that they are not being seen as embodying those qualities.

### **Special Considerations**

Because many psychiatric inpatients have chronic schizophrenia and have decompensated following their stopping their medication, and because they often have lived for years in the deinstitutionalized settings of residential

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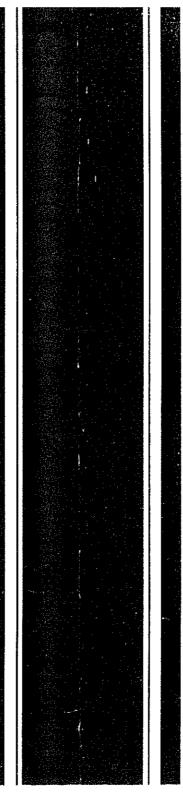
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Aims: to establish standards for specialists in group psychotherapy, psychodrama, sociometry, and allied methods; to increase knowledge about them; and to aid and support the exploration of new areas of endeavor in research, practice, teaching, and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

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, MD, in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Association on Group Psychotherapy. It also made possible a number of international congresses of group psychotherapy. Membership includes subscription to *The Journal of Group Psychotherapy, Psychodrama and Sociometry*, founded in 1947 by J. L. Moreno as the first journal devoted to group psychotherapy in all its forms.



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