

Spring 1943

A Further Validation of Role Therapy

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A FURTHER VALIDATION OF ROLE THERAPY

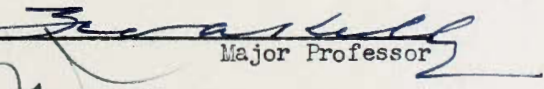
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A Thesis presented to the Graduate Faculty of the
Fort Hays Kansas State College
in partial fulfillment of the requirements for
the degree of
Master of Science

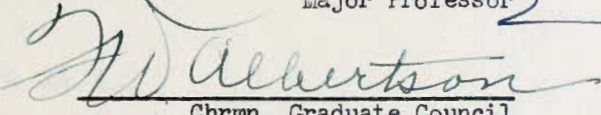
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TABLE OF CONTENTS

CHAPTER	PAGE
I. Introduction	1
Historical Aspects of Role Therapy	4
A FURTHER VALIDATION OF ROLE THERAPY	
II. A Presentation of the Role Therapy	11
Case One	13
Case Two	17
Case Three	21
Case Four	25
Case Five	29
Case Six	33
Case Seven	37
Case Eight	41
Case Nine	45
Case Ten	49
Case Eleven	53
Case Twelve	57
Case Thirteen	61
Case Fourteen	65
Case Fifteen	69
Case Sixteen	73
Case Seventeen	77
Case Eighteen	81
Case Nineteen	85
Case Twenty	89
III. Conclusions Drawn From the Present Study of Role Therapy	93
BIBLIOGRAPHY	97

TABLE OF CONTENTS

CHAPTER	PAGE
I. Introduction	1
Historical Aspect of Role Therapy	6
II. A Presentation of How Role Therapy Has Been Used in This Study	13
Case One	15
Case Two	25
Case Three	30
Case Four	39
Case Five	45
Case Six	53
Case Seven	57
Case Eight	62
Other Cases	69
III. Conclusions Drawn From the Present Study of Role Therapy	71
BIBLIOGRAPHY	76

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 Nelson-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 idea 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 from the sub-conscious?" "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 contacts 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 needs; 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 boerish, 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 actions which is often the guiding clue to his personality. The role 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 through 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 THIS STUDY

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 stereotypy.

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?", "Does this sound like the kind of person you would like to be?", 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-0 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-0 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:

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 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.

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.

Although you may feel that you have put a card in the wrong pile, don't bother to change it afterwards.

For the purpose of this study the first and fourth piles were considered of diagnostic value. A complete list of all the sentences is not included since they are of the same general nature as appear on all personality questionnaires. A special group of sentences especially for Role Therapy are being prepared now.

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}

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

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 met at the proper place and time 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

what other people think of your 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.

them. Housework was her main failure--dusting, dish-washing, 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 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

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.

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.

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 she 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 boy friend 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-0 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 snobbishness which is wholly untrue. My life is one of many varied experiences, since my parents are school teachers. I have been an experimenter 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 has had a pushing and pulling effect on my life. Moving around has 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-0 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 he 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-0 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 worth while 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 conferences.

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.

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.

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 from her current life with her mother. In almost all the conferences 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.

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 wished to drag men down and make them suffer the way she has 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 conferences 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-0 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 change my character to fit in several different environments. First I remember is when I was in the first grade and some of the happenings in my first year of school, which caused several changes in my life. One thing was my mother made me wear a bib when I took

my lunch to school, and it wasn't long until I was not wearing it and eating my lunch in the coal shed with the other boys. My first scolding which I remember anything about was when my sister and I had gotten a new pair of roller skates. I teased her and wasn't letting her alone and my father said if I didn't quit he was going to call the Marshall and have me put in jail. It was more of a scare than anything, but I remember that incident very plainly. I have had about everything I want during my early childhood, and on up through the years. My grandparents have babied me in some ways which I do not feel was to the best of my advantage. One incident I remember very plainly was when my father was going to give me a spanking and I ran to my Grandmother and she didn't let him touch me.

I am a great lover for sports and look up to great athletes with the hope that I would be one some day. I participated in high school athletics and was always on the first team. Some of the boys thought because I was a principle's son that was the reason I was always there.

I did not study in high school like I should have and my father treated me just like I was a student going to school, which was not his own child. High school teachers did not let me slide so much, but I think they did some, thinking it might help them to keep their jobs.

I have lived a life in which I have had to act different in my ways and which has had an effect on my personality. People have told my folks that I could meet people and associate with people better than most children my age. If it is true I believe that the changing of location and the association with so many different people has helped me to become that way. I have had a great many associations with girls and have had a great many love affairs. I have done some things which I am ashamed of now, although it is an experience which has helped me since those things have happened. I do not know why, but I am very interested in sex and I look up on it differently than most boys and girls my age; maybe one reason is that I have read books and talked to doctors regarding the sex problems. There are a lot of things I do not know about it that I would like to learn, which I would like to have help on. I am engaged to a girl I am now going with and love very dearly.

I want to become an Industrial Art instructor, my reason being that I want to be a school teacher since I know what a teacher's life is and like it. I do not like to have people tell me what they like about me. I have had girls,

as well as boys, tell me that I had good looking hair, or that I was handsome. I do not like to be bragged about or told things like that.

It seemed to the clinician that the case's account offered no psychological problems unless they were of a hysterical nature. Upon this hypothesis¹ no role was written for him.

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 behavioral 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.

1. It was assumed that the case actually did have some problem or he would not have come to the clinic for aid. In dealing with other hysterical cases it had been noted that symptoms did not always appear on pencil and paper tests.

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 subconscious 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 conferences 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

1. Although it is not within the scope of Clinical Psychology to deal with this problem on ethical grounds, it might have been possible to bring this practice under control if conferences could have been continued.

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 ideals 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 psychasthenic 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 sampler 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 sidelines 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 make 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

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.

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 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 Drisco. Now he could associate with people, knowing how to control those old fears of homosexuality and social rejection which had 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:

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.

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.

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 kind 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 intensively, 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 to 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-0 the highest scores in the affectivity column were on disgust, sex, paranoid, and shut-in items, but none of these exceeded the seventy-fifth centile. In the idiosyncrasies she was highest in 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.

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

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 individual having led the life of the usual Western Kansas 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 motion 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 intimate friends 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 can not be used. Laura Lou needs 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 broadminded 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 tries 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 people 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-0 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.

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.

The sentences 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.

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 his 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 asinine! 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 recognize 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 this 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 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

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

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.

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.

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 and as a result greater frustration later. This conclusion was based on the case of Frederick. There is, as mentioned before, some doubt as to how permanent the adjustment has been in some 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.

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.

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.

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- 4. *[Faint, illegible text]*
- 5. *[Faint, illegible text]*

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- 6. *[Faint, illegible text]*
- 7. *[Faint, illegible text]*

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