

## Reality, Perception, and the Role Reversal

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Is it important to sort perceptions from misperceptions in the role reversal, and if so, when and how? Two guidelines are offered based on the view that while objective and subjective reality recursively modify each other, the objective has the priority in this continual process. Application of the guidelines is exemplified with clinical cases highlighting both the possibilities and problems of this technique.

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One of the biggest concerns of psychodrama critics and some psychodrama directors is how perceptions are sorted from misconceptions in material produced by the protagonist during the role reversal. Because of this concern, some psychodramatists curtail and even avoid the extensive use of this important technique.

Every psychodrama director at some time has asked himself, "How do I know that the protagonist's perception of reality is correct? Is it important to know what really happened? Is it necessary to sort out reality? When do I do this? How do I go about it?" J. L. Moreno (1975/1959) in addressing this question says:

The subject must act out "his truth" as he feels and perceives it, in a completely subjective manner (no matter how distorted this appears to the spectator). (p. 234)

His position is clear: what is important in the enactment or re-creation of the scene is the protagonist's perception. However, once enactment has taken place, the psychodrama director is faced with the task of helping the

protagonist find new ways to interact with the important people in his social atom.

"Enactment comes first, retraining comes later" (Moreno, 1975/1959, p. 234). In developing the role reversal technique, Moreno introduced a method whereby misperceptions between people could be identified and corrected, and thus he can be credited with creating not only psychodrama but also family therapy (Compernelle, 1981). His original concept involved two persons reversing roles with each other:

The patient, in an interpersonal situation, for instance with his mother, "steps into his mother's shoes" while mother steps into those of her son. The mother may be the real mother as is done in psychodrama in situ, or may be represented by an auxiliary ego. . . . Distortions of interpersonal perception can be brought to the surface, explored and corrected in action. (Moreno, 1975/1959, p. 241)

To illustrate the above, Moreno describes a situation where both mother and son are present and reverse roles with each other. This leaves the reader wondering how "distortions of interpersonal perception can be brought to the surface, explored and corrected in action" when no additional party involved in the original interaction is present to correct and validate. Reconstructing past scenes from the perception of one individual creates both problems and possibilities, and raises the issues that are the topic of this paper.

We will first address the question, "Is it important to sort perceptions from misperceptions when teaching the protagonist to interact more effectively with others?" This is not merely a technical question; rather, it is a particular case of a basic philosophical issue. An idealist would contend that what matters most is the protagonist's perception of the other, a view which has some merit because this perception determines the interaction. A materialist, on the other hand, would argue that objective reality exists, whether it is perceived or not, and shapes perception. In our view, objectivity and subjectivity are intimately related and inseparable; each begets and modifies the other. Psychological processes are subjective because they exist only within the realm of human persons, and yet are also objective electrochemical processes of the brain. In the same manner, interpersonal life is colored by transferences from past family relationships, biases due to social and familial position; yet this life is dependent on objective socioeconomic factors as perceived through the biological filter of the individual's nervous system. The psychodramatist who addresses both the subjective and the objective aspects of the protagonist's world has more options in facilitating change than the therapist who focuses on one or the other. There may be instances when it is important to find out what really happened and cases

where it may not be necessary. Thus, it is useful for psychodramatists to have some guidelines regarding when it is important to sort out objective reality and how best to facilitate change.

### Guidelines

#### 1. *Give priority to objective reality, supremacy to subjective reality.\**

The relationship of objectivity and subjectivity has important implications for therapy. Contrary to popular belief, "what you don't know *can* hurt you." Although objective and subjective components of reality continually modify each other, reality determines circumstances to a greater extent than consciousness modifies reality. For example, a child who does poorly in school may be perceived in many ways—stupid, lazy, troublesome. The objective reality may be that he is nearsighted. This makes it difficult for him to pay attention or respond to lessons that are written on the blackboard and underlies behavior that makes him appear as he does. Even if one could change the teacher's perception about the child's ability to do school work, it would not be enough. The priority should be to provide glasses, attending first to the objective reality of faulty eyesight. When an objective reality exists and operates whether it is perceived or not, it is necessary to sort misperception from objective reality—to help the protagonist gain insight so that reality can be dealt with appropriately. This means addressing life circumstances before subjective feelings, biological illness before interpersonal psychological disorders, social and family matrices before personal intrapsychic processes, and the facts as they appear before the meaning ascribed to them by interpretation.

The concept of supremacy of the subjective formulates the well-known psychodramatic strategy of meeting the protagonist first in his own subjective world. He must be allowed to fully express his truth: the psychodramatist can never violate the self-preserving need for continuity by challenging *in toto* the protagonist's perceptions. But within such constraints he assists the subject to see those objective realities which, whether perceived or not, predetermine both perceptions and future reality. Learning that a student cannot see well changes the approach of the teacher with that student. Likewise, perceiving a student as lazy can perpetuate lazy behavior. The way one perceives, interprets or feels about something can be instrumental in changing the present and future regardless of what has been real in the past.

\*This guideline is a specific application of a general law of processes according to which simpler processes precede and necessarily co-exist with complex ones, while the latter predominate in a more limited spatio-temporal field. "Priority of the simple; supremacy of the complex" (Sabelli, 1983).

The notion of the supremacy of consciousness is the theoretical basis for considering insight therapeutic. Perception cannot be entirely separated from misperception, even if one calls it insight. One's perception of reality is always in part correct and in part incorrect, albeit the proportions of the two components can vary. One may then question whether the protagonist's misconceptions are the result of his uncritical acceptance of his perceptions (appearances) or of the interpretations that he adds to the facts.

#### 2. *Go beyond both initial appearances and premature interpretations by alternately pitting apparent "facts" against "obvious" interpretations.*

This guideline is followed by repeatedly and alternately examining objective facts in search for their meaning and re-examining each subjective interpretation in the light of the objective facts.

As with many abstract terms, "appearance" has two opposite and complementary meanings: what is apparent or self-evident, and what is only apparent but not true or essential. The second meaning, which permeates much philosophy, from Plato to Marx, is reflected in psychoanalytic theory and practice: what the patient experiences and reports is only an appearance that hides deeper meanings and symbolism. These it is the task of the analyst to interpret. Insight therapy thus consists of interpretations which go beyond appearances.

On the other hand, much of the scientific tradition stresses the need to focus on facts rather than on speculative interpretations. Once one has explained his world in some manner, he may assume he has the answer and stop looking for additional meaning, even if his interpretation is only partially correct, incomplete or wrong. Thus, subjective interpretation is one of the ways in which one distorts or loses sight of reality. Since this is a legitimate concern, some therapists see their role as helping patients to see objective reality and avoid interpretation altogether. Following Hobbes's philosophical tradition, they view appearance as revealing rather than disguising reality, considering facts more trustworthy than interpretations. They seek to remain within the reality of appearance (phenomena), rather than rush into the appearance (fiction) of interpretation. This is not only for the sake of objectivity but also because they believe interpreting the patient's report can seem disrespectful and unempathic.

It is our view that both appearances and interpretations are part of reality; they are products of reality, vehicles for consciousness and communication, and originators of interpersonal action. The psychodramatist must not ignore the protagonist's subjective views, yet he must not get caught up in them. Appearance both hides and reveals reality. The walk towards understanding requires two legs: *focusing on facts and separating them carefully from added interpretations, and critically interpreting the facts by attempt-*

ing to fit them into several different frameworks. The psychodrama director thus assists the protagonist to understand reality by carefully attempting to distinguish observed facts from interpretation, a process whose unavoidable failure is instructive.

The role reversal allows the protagonist to become aware of his interpretations and hold them up for re-examination, thereby providing a way to go beyond them. In real life, we perceive ourselves as subjects and perceive others mainly as objects. We often uncritically accept what we believe while we interpret and critically evaluate the ideas of others. Through the role reversal, the protagonist sees himself as an object and experiences others as subject. The incomplete role reversal increases the person's objectivity in viewing himself as he watches and responds to himself, mimicked by auxiliaries, through the eyes of significant others whose role he has adopted. Indirectly, this deepens the protagonist's experience of himself as subject. It can also increase the person's empathy for others when he apprehends them from the inside, subjectively, as he experiences their inner life rather than seeing their outward appearance. Finally, it increases the protagonist's awareness of the meaning *he* ascribes to the behavior of the other. Moreno refers to the protagonist's experiences during psychodrama enactment as "surplus reality" when they are novel and take him beyond anything he has ever experienced in real life. By reversing roles with others, the subject learns:

Many things about them which life does not provide him. When he can be the persons he hallucinates, not only do they lose their power and magic spell over him but he gains their power for himself. His own self has an opportunity to find and reorganize itself, to put the elements together which may have been kept apart by insidious forces, to integrate them and to attain a sense of power and of relief, a "catharsis of integration." It can well be said that the psychodrama provides the subject with a new and more extensive experience of reality, a "surplus reality." (Moreno, 1978/1953, p. 85)

Because interpretations and evaluations, fair and unfair, impact relationships, the incomplete role reversal is not without its dangers; because the other is not present to validate the protagonist's view, this technique can both reveal and conceal truth. Rather than identify helpful interpretations, it may generate or magnify harmful ones. For these reasons, the psychodramatist must also sort out reality from perception, even if it means going beyond psychodramatic methods, when a possible misperception may harm an existing relation. For example, a female protagonist, while portraying her husband in an incomplete role reversal says, "I'm having an affair with my secretary." This conclusion, if erroneous, sets the stage, in real life, for frequent inquiries into her husband's whereabouts. Her constant mistrust and accusations may push him toward having the very affair she

fears. The protagonist needs to be made aware that her conclusion is an interpretation of facts. Such awareness allows the protagonist to re-examine and go beyond interpretations rather than be bound by them.

Thus far, we have proposed that the incomplete role reversal can enable a protagonist to: (1) discover objective reality—the first step in modifying it for the better; (2) create additional alternative perceptions that explain the "facts" in a useful way; and (3) discover and correct harmful misperceptions. However, this technique is not without danger as it can also magnify or generate harmful misperceptions.

### **The Incomplete Role Reversal as a Tool for Discovering Objective Reality**

Since material reality exists and operates whether it is perceived correctly or not, there are times when it is most helpful to aid the protagonist in gaining insight. If the situation can be corrected or improved, the protagonist, by seeing things as they really are, acquires knowledge and choice to change what he can.

#### *Case 1:*

Mr. Anderson had been diagnosed two months previously with inoperable, terminal lung cancer. He also had symptoms of depression and, although he said he had decided to have chemotherapy, he was "just unable to go" each time the day of his appointment arrived. He requested to be a protagonist in a psychodrama to explore his reluctance to go for the treatment which might prolong his life. Early in the drama he soliloquized, "I know I don't really have cancer. God just wouldn't let this happen to me." In the role of his wife, however, he said, "Arnold Anderson, you have cancer and you're dying and you'll die more quickly if you don't have chemotherapy." The denial, cut through by the protagonist himself, allowed him to explore the real question at hand, "Is chemotherapy worth the price it will require?" Mr. Anderson began chemotherapy the following week and today, two years later, he is still alive and working part time. He and his family have been able to talk about his impending death and have been able to make realistic plans for their limited future together.

This case exemplifies clearly the priority of the objective (Mr. Anderson's illness), the supremacy of the subjective (Mr. Anderson's decision regarding treatment). It was necessary for Mr. Anderson to recognize he had a terminal illness before he could make the choice to submit to chemotherapy.

#### *Case 2:*

Mr. Redford, during a psychodrama, portrayed his wife as irritable and grandiose. She had recently lost her job as a librarian because she became abusive with her boss when he vetoed her plan to revise the library's entire



catalog. She was now spending a lot of money redecorating the house for the second time in two years. We suspected Mrs. Redford had a manic depressive illness, and suggested this to Mr. Redford who brought his wife for an interview. A bipolar affective disorder was diagnosed, drug treatment instituted and psychodrama was used as psychotherapy. A session took place the day before Mrs. Redford's interview for a new job in another university library and she requested an opportunity to rehearse it in the psychodrama group. She chose someone to take the part of the prospective employer. Mrs. Redford was asked to reverse the roles with the interviewer. In his role, it became evident that she fantasized that the interviewer would be able to tell, just by looking at her, that she was a psychiatric patient. An auxiliary was brought in to play the role of the interviewer. As the applicant, Mrs. Redford could barely be heard when answering his questions, did not make eye contact, and fiddled with her ring.

She was then asked to reverse roles again with the interviewer. The auxiliary, now playing Mrs. Redford, imitated her presentation as closely as possible, allowing her to experience the impact of her own behavior on the interview. Still in role of the interviewer, she decided not to hire such a nervous and inhibited young lady. Warmed up to the role of prospective employer, Mrs. Redford was able to say what qualities would be assets. Several other group members volunteered to try different approaches. Mrs. Redford seemed to enjoy being the interviewer. The nervous, meek qualities presented when she was on the other end of things were no longer evident.

After everyone who wanted a chance to try interviewing finished, Mrs. Redford became herself again. With the experience she had gained from playing her role as the interviewer, Mrs. Redford seemed like a different person. The knowledge about how she had come across, and the modeling of other styles and responses helped her modify her self-defeating behavior.

At the next session Mrs. Redford joyfully announced she had the job. To succeed, she had needed to know not only how she acted and what employers expect, but she also needed to realize that her symptoms could be managed with medication. This helped provide her with self-confidence to try again. The events of losing the job and redecorating the house were not the cause of Mr. and Mrs. Redford's problem, but rather a manifestation of an ongoing process which could be modified. It should also be noted that the reality of Mrs. Redford's illness was first suspected because of her husband's portrayal of her symptoms in his own drama.

#### **An Example of Psychodramatic Enactment Obscuring Truth**

In this case what was objectively real had harmful consequences that could be modified or corrected once they were known. The psychodramatic

method was not sufficient to illuminate some of these realities. This case is included to alert the therapist to the fact that psychodramatic enactment can be misleading.

#### **Case 3:**

Mr. Jones was admitted to our adult psychiatric unit with acute anxiety and depression. His main symptom was overwhelming fatigue which prevented him from doing his best at the pharmacy where he had been employed for 14 years. He was unable to work overtime, had trouble concentrating when filling prescriptions and had developed a fear of killing a customer by giving him the wrong medication. He refused to fill prescriptions without another pharmacist available to check his work and had been put on probation because he seemed unable to manage his time. Things at home were not much better. He was no longer spending time tutoring his hyperactive son or helping with the family chores. His wife was losing patience with him, and there were frequent fights with threats of divorce. While playing the role of his wife he screamed at himself, "You're a lazy bum just like your father. He never amounted to anything and neither will you. If I have to support us, you're leaving." His own response was, "Don't leave me. I don't know what's wrong with me. I'm not myself. I can't help it. DON'T LEAVE ME!" We did several other psychodramas, exploring his relationship with his sister, sons and parents, and also his fear of killing a customer. We helped him practice talking with his boss when explaining his hospitalization.

Mr. Jones's routine admission x-ray and lab work results indicated a small spot near his lung and a mild anemia. Further tests revealed Stage 1 Hodgkins disease. This illness was the source of his overwhelming fatigue that in turn had led to self-doubt, anxiety and depression. Mr. Jones recovered his strength and was able to return to work following surgery and a short course of chemotherapy. His family conflicts diminished as he was again able to spend time with his son, and his job was no longer in danger. The material produced in the role reversal was an accurate perception of his wife's thoughts and feelings. His own helplessness in dealing with his family's disappointment in him was wrenching to watch. Psychodrama allowed him to act out his truth, but was not an essential part of his treatment. It could have, in fact, by highlighting a likeness to his father, done a great deal of harm by masking the illness underlying his behavior.

#### **The Incomplete Role Reversal as a Tool for Creating Positive Perceptions**

The following examples illustrate how changing a protagonist's perceptions about reality may be helpful, even though the reality itself cannot be

altered. This process of "reframing" is defined as "changing the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or better, thereby changing its entire meaning" (Watzlawick, Weakland & Fisch, 1974, p. 95). Reframing exemplifies the supremacy of the subjective in bringing about change.

#### Case 4:

The protagonist, a young man, had recently been diagnosed as having multiple sclerosis, a progressive and debilitating neurological disease with no known cure. He was aware of the diagnosis and prognosis. The psychodramatist's task was to help him express his feelings about having been singled out to bear this disease, and to explore his furious sense of "why me?" The role reversal allowed the protagonist to make sense out of what really made no sense, by having him answer his own whys from the role of his "God." Often this allows a protagonist to comfort himself, to feel understood and not alone in what he must handle. Many psychotherapists consider it necessary to avoid dealing with a patient's religion. Psychodramatists, on the other hand, can handle religious issues with sufficient respect and insight to make the role reversal with God one of the deepest forms of therapy (Nolte, Smallwood & Weistart, 1975). Because this role reversal can *only* be an incomplete one, and there is no way whatever to check the perceptions, it is, in the last instance, the reflection of the protagonist's ideals and perceptions of the world and of his/her parents. Psychoanalysts promote the transference by offering a blank screen to patients' projections. Similar projections are magnified in the infinitude of God, allowing the protagonist to explore his truth, and perhaps substitute or add more helpful perceptions to those that already exist. For a truly religious person, helping him to relate better to God, to make a better picture of his God, constitutes the analysis and working through of the person's most profound transference. For example, the protagonist may say in the role of God, "You did many bad things to your brother when you were growing up and that's why I am punishing you." The psychodramatist will want to challenge this statement strongly, "Come on, 'God,' be straight with your questions; many other people have been just as mean to their brothers and have not gotten multiple sclerosis. Why did you choose *this* person for *this* possible affliction?" Questions of this kind eventually bring out responses such as, "I afflicted him with multiple sclerosis because I knew he was strong enough to bear it." Such a statement backhandedly highlights the protagonist's inner strength which can be further identified and utilized in a positive way, or underscores irrational beliefs, which can be dealt with more easily when known.

Reversing roles with significant friends and family can enable the protagonist to interact more appropriately with those around him. By exploring the thoughts and feelings he has about himself, his disease, and its significance to others, he can begin to be more open about these feelings. He can validate the material he produces in the role reversal with the real people in his life, and thus provide more meaningful communication. The objective is to allow full expression of feelings about what has happened and reframe it in such a way as to create a more meaningful life. Realizing the growth that arises out of the pain may enable the protagonist to make further sense out of his affliction.

#### Case 5:

The protagonist was mourning the death of her mother. She had not been there when her mother died and wished she had been. The psychodramatist did not know anything about the protagonist's mother or details of her death. Here the important thing was that the protagonist's reality, known and unpleasant, was now a reality only in the protagonist's memory. Mom could be "brought to life again" on the psychodramatic stage and the daughter, although she could not change what had happened, could expand her memory of it. She created an additional "surplus reality" by saying psychodramatically what she wished she had said earlier, and she experienced in fantasy her mother's reaction and response to it. Thus she could finish the unfinished business of her response to her mother's death, letting go of the past and moving on toward building new relationships in the future.

In this case, the psychodramatist's knowledge of the event and opinion about the validity of the protagonist's perceptions in the role reversal were secondary to the protagonist's experience. The purpose of the role reversal was not to determine the daughter's perceptions of her mother and her death for future validation, but to provide the protagonist with dramatic completion of something which could never be completed in life. The perception of reality as it might have been provided additional memories for the protagonist. Also, it brought to the protagonist an awareness that her mother lives on through the memories everyone carries of her—a more comforting reality than the mere awareness that she died before the protagonist could say good-bye.

In the two cases above it is not necessary to sort reality from perception, because the reality cannot be changed. However, positive perceptions can be generated via the incomplete role reversal: ones that become a part of subjective reality and are instrumental in creating a healthier, happier self. Enactment of how one wishes something could have been provides a subjective experience, albeit in fantasy. This begets an objective reality in which the protagonist can actually act and interact differently than he could

before the dramatization. Thus, the supremacy of the subjective can facilitate change even though past objective reality is unalterable.

### The Incomplete Role Reversal as Generator of Harmful Misperceptions

Since expectations often operate as self-fulfilling prophecies, surplus reality, including material generated in the incomplete role reversal, is a two-edged sword. On one hand it can help free the protagonist from negative past expectations and perhaps provide more useful ones to stage the future. On the other, it has the potential to generate or reinforce negative misperceptions. Although not unique to psychodrama, the latter is one of the most serious pitfalls of the incomplete role reversal. The psychodramatist who is aware of this potential problem can take measures to avoid it, or help the protagonist check out negative information before acting as if it were as true as it felt in the psychodrama. The following example illustrates this concern.

#### Case 6:

The Alm family had been in therapy for a year and a half when Karen, the oldest daughter, developed severe symptoms of depression for which she was hospitalized. During the intensive inpatient therapy, memories of an early traumatic relationship surfaced. Karen, in her psychodrama, was enraged that her uncle had molested her several times when she was young. During the heat of her anger she screamed, "Mother warned us about you, you bastard!" and then audibly gasped, as awareness of what that meant dawned on her. She confronted mother next. "Why did you let it go on so long? Why didn't you tell me sooner?" In mother's role she answered, "I didn't want to see my sister (Bill's wife) hurt. I thought you could take it . . . that you would understand. I told you not to let him touch you." In her own role again she screamed, "You hurt me. . . . You let him take advantage of your own daughters. You sacrificed me for your sister on a bloody altar . . . and now your hands carry *my* blood . . . and it won't come off. . . . You thought I wouldn't remember. . . . Well, I do. . . . You thought I'd understand. . . . Well, I don't. . . . I hate what you let happen to me. . . . May God forgive you. I can't forgive you. I hurt too much" (Alm, 1982, pp. 6-11). Her anger, fueled by the psychodramatic enactment, only made her relationship with her mother worse. Something had to be done.

Guideline Two suggests that Karen's subjective interpretation needed to be re-examined in the light of objective facts. New facts could be discovered to corroborate or refute Karen's interpretation. Giving priority to objective reality, we chose to encourage Karen to talk with her mother about the incident as part of the ongoing family therapy.

The additional hypothesis as to why mother waited so long to give her warning could be introduced within the drama, allowing Karen to re-examine her initial and perhaps premature interpretation and come up with an explanation less likely to hurt her relationship with her mother. This solution exemplifies Guideline Two. At one point Karen became confused by her inability to forgive her mother and said, "How can I say that to her? I love her, I respect her." A double might respond, "Maybe she didn't know Uncle Bill was dangerous until she warned us; that would explain things also." Doing this within the drama provided an alternative interpretation, highlighting the necessity for future exploration. It did not eliminate the necessity for Karen to talk with her mother about the incident, but it may have made it easier.

During a talk with mother in the family therapy session, Karen portrayed her turmoil as she realized that her mother had no idea whatsoever that she had been molested; and that her mother had indeed given the warning as soon as she was told by her own mother that Uncle Bill might be dangerous. The fact that Karen was unable to discuss Uncle Bill with her parents, even after being warned by her mother, was not an isolated event; she failed to discuss many other important things with them also. Finding out that it is possible to talk with mother about difficult and painful matter opened the communication process, allowing Karen to reveal some other secrets about herself.

### In Conclusion

The incomplete role reversal is a powerful and useful tool that can be utilized more fully as its problems and possibilities are understood. Two guidelines are offered to help the psychodramatist utilize this tool to its capacity: Give priority to objective reality, supremacy to subjective reality, and Go beyond both initial appearances and premature interpretations by alternately pitting apparent "facts" with "obvious" interpretations.

Information generated by the protagonist in the role reversal is subjective in nature and prone to distortion, due both to incomplete knowledge of what really happened and to misperceptions of how others viewed the same event. When material generated during the incomplete role reversal is likely to increase rifts in significant relationships, it is important to provide a safe means of confirming or discrediting such perceptions. Just as the incomplete role reversal can generate harmful misconceptions, it can also facilitate discovery of objective reality enabling the protagonist to see things as they really are.

The psychodramatist utilizes psychodramatic enactment to discover truth, but there are truths it cannot illuminate. If necessary, the therapist



must go beyond the psychodramatic method to a diagnostic interview, a family assessment or a medical referral. The enlightened psychodramatist is careful not to obscure a real process with harmful consequences which could be corrected if brought to light. The skilled psychodramatist, also aware of the supremacy of the subjective, utilizes the incomplete role reversal to reframe reality in a helpful way or to revive some positive memories, even when past objective reality cannot be changed.

The incomplete role reversal is a two-edged sword. It can obscure or illuminate truth, create both helpful and harmful perceptions and interpretations, and, in either case, change behavior. Its catalytic action in altering objective reality by altering the perception of it is both its weakness and its strength. It behooves the psychodramatist to wield this sword prudently.

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#### Book Review

**D. W. Johnson and F. P. Johnson** *Joining Together: Group Therapy and Group Skills*, 2nd edition. Englewood Cliffs, New Jersey: Prentice-Hall, 1982, \$18.95.

In *Joining Together*, the brothers Johnson present a cornucopia of concepts, guidelines, and activities concerning small group functioning. Chapters are devoted to the basic group processes of leadership, decision making, goals, communication, controversy and creativity, conflict, power, cohesion and norms, and problem solving. For each, the authors present pertinent social psychological concepts, ideas for strengthening that aspect of group functioning, and relevant group activities. The concepts, guidelines and activities are skillfully combined to complement each other. Thus, the structured activities are carefully designed to elucidate not overwhelm the conceptual material. There is a good mix of substance and involvement that can be both intellectually grounded and interpersonally engaging.

The content is drawn from the mainstream of social psychological group theory, research, and application from the last fifty years. The contributions of Kurt Lewin on leadership and decision making, Sherif on intergroup conflict, Bales on distributed leadership, Deutsch on competition and collaboration, Gibb on defensive communication, and many others are clearly presented. Similarly, the list of structured activities includes many of the best known, most widely used exercises and their variations: the hollow-square activity for examining leader-follower relations, the consensus decision-making tasks that involve ranking survival items (descendants of the "Lost on the Moon" exercise), the broken square puzzle for exploring competition and collaboration, the one way-two way communication exercise to study communication patterns, and many others. Simply put, this book is the answer to the two questions: How have social psychologists thought about groups? How can those ideas be experienced and put to constructive use?

However, *Joining Together* has limitations as well as its numerous strengths. Chief among these is the authors' tendency in writing to stay at a conceptual level without offering either illustrative examples or integrative