

GROUP DIAGNOSTIC WORK
IN THE
CHILD GUIDANCE CLINIC

A THESIS SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY,
UNIVERSITY OF CAPE TOWN, IN FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

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by

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"Should he, by chance, place the child in a children's group for a period long enough to let him 'warm up' after his clinic experience he will observe him opening out like a Japanese flower in water, suddenly full of colour and spontaneity. A remark often heard in a child guidance clinic is that such-and-such a mother had painted her child as a lion, and when he walked into the clinic he was just a little lamb. Half an hour in a diagnostic group would convince the psychiatrist that a mother knows a lion when she meets one.

Perhaps the day will come when no child in any clinic anywhere in the world will be placed in psychotherapy without a diagnostic evaluation first in the family and then in the peer group."

Foulkes and Anthony, 1965.

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SUMMARY

The purpose of this study was to assess the use of a new diagnostic observational technique in a child guidance clinic. The main assumption was that children with peer problems will act out their antisocial behaviour in small peer groups where activities are arranged to encourage free and spontaneous social interaction and to elicit a wide range of behaviour patterns. The particular shortcomings of current diagnostic assessment programmes may be traced to their failure to provide adequate, reality-based data in the field of problem peer relationships. The technique under consideration therefore aims to meet this diagnostic need and provide data which cannot be obtained in the usual dyadic situations.

The method of choice has been direct observation of individuals in groups, a medium which approaches the natural milieu of the child. This technique was not proposed primarily as a personality assessment programme but purported to allow the clinician the opportunity of evaluating the child's response patterns in partially structured situations where social demands play a prominent role. Therefore, the approach was more in line with that of the clinician who seeks relevant, qualitative, molar data in its richness of face-to-face encounters as opposed to the experimentalist who concerns himself with precise, objective measurements of small molecular, frequently less significant, aspects of behaviour. However, the Investigator accepted the scientific advantages inherent in the experimentalist approach with objectivity in data gathering, a modicum of control as reflected in careful group planning and, finally, systemisation of recording, coding and analysis of data.

The subjects were forty-four boys and twenty girls, aged six through eleven years attending a child guidance clinic for behavioural or other problems. They were selected, where possible, according to specified criteria relevant to the research design and were constituted in groups of four same-sex peers who met on three occasions at weekly intervals. During each meeting they engaged actively in group tasks carefully designed to remain intrinsically interesting, to meet the diagnostic requirements of the Investigator and

structured to reveal the anxieties and social problems of the subjects. Observations were focused on individual response patterns, the group members being used as stimuli for evoking social responses rather than for providing a vehicle for observing the process of group dynamics. The short-term nature of the experimental design further limited the operation of the group dynamic effect.

The Observer used a pre-categorised observation blank for on-the-spot coding of selected behavioural manifestations as well as recording a narrative summary of the flow of social interaction. This data was presented, at the descriptive level, at clinic case conferences complementing the diagnostic statement and hence served as a basis for formulating therapy programmes. Eleven sets of observational categories in keeping with a developmental orientation and based on psychoanalytic ego psychology and social-learning theory were selected. The categories aimed at being exhaustive in accounting for overt social features of behaviour, while the amount of inference necessary for coding the interpersonal acts was kept to a minimum. In some instances the sub-divisions within categories were discrete but at other times they were continuous, varying according to the nature of the observations. The observational data together with information from a Parental Questionnaire and Clinic files were later rated along a five-point scale to yield thirty-three variables of which thirty-one entered into a factor analysis.

The findings may be of value to the clinician both as a means of formulating therapy programmes in individual cases of disturbed behaviour and in providing greater understanding of peer interaction in groups. The usefulness of this technique in the child guidance clinic is illustrated by the range and relevance of diagnostic information which was gathered during group observations where peer interaction reflected the dynamic relationships between spontaneity and inhibition and areas of security and freedom as opposed to areas of anxiety and conflict. The validity of the clinical material cannot readily be demonstrated though the relevance of data pertaining to individual cases probably carries more weight than validity coefficients.

In the statistical analysis nine factors were extracted of which the first three were the largest and most significant. Tentative hypotheses were

suggested on the basis of the factor loadings and these hypotheses were related to other studies and congruence was sought with theoretical expectations. The factors showed close agreement with dimensions of individual behaviour in other group studies and according to the pattern of variable loadings were labelled: 'Individual assertiveness versus Passive submission', 'Group co-operation versus Unsocialised aggression' and 'Group sociability versus Social withdrawal'. These findings suggest that all or most behavioural attributes are a combined function of personality features and the particular social setting.

This study, by virtue of its cross-validation and congruence with theory holds definite value as far as performance tests of personality are concerned where the behaviour of the individual in a group is being evaluated, though it does not meet the stringent, scientific standards of psychometric tests. This technique nevertheless offers the clinician a new and valuable method of investigation, as relatively stable behavioural and conceptual patterns emerged from the factorial analysis. The study may fall short in being the work of a single investigator and not that of a team. Greater reliability could perhaps have been placed on the findings if these had been derived from two or more observers, but the consistency of the main factor patterns compared with those derived from other documented studies suggests that the findings are, in fact, valid.

In the main this study offers methodological advantages over alternative techniques of personality assessment in children insofar as it deals with the child placed within his problem setting. This avoids the task of interpreting 'fantasy' material while it affords the observer opportunities for direct observation of coping strategies, adaptive or maladaptive manoeuvres and the evocative stimuli of a wide range of social responses. The need this technique meets in the field of personality assessment may be weighed against the following statement: "In the study of personality virtually no test exists which measures traits directly by having subjects perform a number of assigned chores or tasks" (Kleinmuntz, 1967, p.388).

This method does not propose to oust previous well-accepted psychological assessment instruments; it merely attempts to complement them. Though the present trend in personality assessment is markedly toward using objective tests, accurate observation should always remain the first step in the art of clinical psychology.

CHAPTER I

INTRODUCTION

1.1. STATEMENT OF PROBLEM.

The discipline of clinical psychology is at present undergoing a rapid transitional phase in its development. With greater expansion and maturity it has undergone increasing differentiation until now it is ready to accept the challenge of its own independency strivings by breaking away from related fields and establish an autonomous identity. This growth pattern is portrayed in the report of a recent conference on the professional training of clinical psychologists held at Chicago in 1965. Concurrently with these status strivings clinical psychologists are urgently seeking to define their exact role, both within the science of psychology and the wider framework of society. At this conference the 'scientist professional' model was again presented as the optimal role the clinical psychologist should assume in the execution of his duties (Shakow and Kovacs, 1968).

In similar vein Meyer Sonis (1968), who holds the Chair of Child Psychiatry at the Pittsburgh School of Medicine, presented a very searching address examining the implications of current trends in mental health planning for the child guidance clinic. His main contentions are that clinicians have constantly to steer the wary course between the Scylla of service with the pressure of waiting lists and lack of resources building up into a state of emergency, and the Charybdis of providing scientific training and producing research. These are the basic issues facing clinical psychologists today and it is largely in response to these dual challenges of service and research that the present study was undertaken.

In a clinic setting the first step toward treatment is diagnosis; not diagnosis of a classificatory type nor an enumeration of symptoms, but a diagnostic statement set within a dynamic

interpersonal matrix. This viewpoint resembles Sullivan's (1953) definition of an optimal diagnostic statement as dealing with the patient's basic vulnerabilities to anxiety in interpersonal relations rather than an elaborate description of anxiety symptoms and the defense mechanisms he employs to avoid anxiety. This orientation toward describing individual behaviour in interpersonal terms and not in terms of a structural analysis of intra-psychic events represents a definite shift toward recognition of the social and external determinants of behaviour.

Diagnostic procedures for many reasons present vexatious problems. Not the least of these are centred on the question of validity of the findings and the length of time spent on diagnosis; time which is urgently required for therapy. The demands for service imposed by society greatly exceed the resources available at most clinics. Consequently therapy programmes are often hastily commenced prior to completion of adequate diagnostic procedures. This urgent need for meaningful diagnostic material together with the questionable validity of some present techniques may be considered further pertinent problems in this field.

1.2. NEED FOR PRESENT STUDY.

In all scientific disciplines numerous test instruments are used for assessing specific measurable phenomena. Though existing psychological tests may function perfectly adequately in certain circumscribed situations, there is at present no satisfactory test in clinical psychology which answers the need for observing and assessing disturbed interpeer relationships. A brief overview of the limitations of time-honoured diagnostic procedures in assessing this area of child behaviour further stresses the importance of presenting a new observational diagnostic technique of the nature to be described in this thesis.

- (a) In the interview the clinician depends on verbal reports of behaviour; these may be enhanced by a fond but unrealistic parent or devalued by the prejudices of an overworked and harassed teacher.

Reports, too, may often be conflicting and fail to cover important spheres of behaviour.

- (b) The various projective techniques provide information of doubtful validity (Vernon, 1964) and have numerous methodological shortcomings (Kleinmuntz, 1967) while the examiner faces the as yet unsolved dilemma of submitting fantasy material to acceptable reality interpretation. Though the projective techniques have definite value in elucidating the intrapsychic problems of individuals, they are unable to supply the clinician with the pertinent data on peer behaviours and social perceptions he may require for a clinical diagnosis in a specific instance.
- (c) The questionnaire method, which has proved very useful when examining adults, is not so readily applicable to children.
- (d) The dyadic situation provides the clinician with opportunity for making only restricted reality observations.
- (e) The shortcomings of verbal and play interviews with children are well described by Redl (1944). Verbal communication problems arise with those children who either lack the necessary linguistic skill or else present with an over-developed need to communicate. Certain problems may not be verbalised readily while in some children 'problem' behaviours erupt at infrequent intervals, therefore they do not readily lend themselves to verbal interviews.
- (f) In the play situation some pre-adolescent children have progressed beyond the stage of symbolic forms of play while others may be so inhibited that they are unable to express themselves. Some children, either through undergoing strong emotional experiences inherent in developmental changes or through unfavourable antecedent social learning conditions, find it abhorrent to be placed in a face-to-face interview with an adult and offer resistance to communicating, though these difficulties may be overcome by skilful practitioners.

- (g) The richest source of diagnostic material, that is following the child in the playground or home to observe his responses to the multitude of situations which he encounters, is usually barred to the clinician though frequently employed by the research worker.

An important limitation common to all these procedures is the paucity of diagnostic material they reveal on the problem of peer relationships; yet Churchill (1965) finds that: "Poor peer relationships constitute one of the most frequent symptoms in referral to child guidance clinics" (p.581). Since many child guidance clinics draw the largest number of their cases from the population of children of primary school age when acceptance by the peer group is a major developmental task, Churchill's statement can readily be accepted.

Recognition of the limitations of traditional diagnostic procedures in elucidating problem peer behaviour initiated the introduction of the Diagnostic Group method as an additional, or, in some instances, alternative method.

Additional implications in a research study in developmental psychology may be the more general purpose of delimiting mental health concepts (Baldwin, 1960). Also, the age group selected in this study has been relatively neglected and in this respect research in this area may contribute to more precise definitions and concise methodologies.

1.3. BRIEF OUTLINE OF NEW DIAGNOSTIC TECHNIQUE.

The method which is to be described in the present study seeks to define a child's response patterns within a group setting and may be said to be basically about the relationship between personality characteristics of the child and his performance in small face-to-face peer groups.

In concrete terms: a small number of children selected according to certain criteria meet together with a professionally

trained adult for three sessions which are to be structured in a way to evoke behaviours which are diagnostically significant. The adult observes the child's response patterns to the challenge of his environment, his ego resources and his capacity to use these resources as well as his flexibility in adjusting to the changing social demands within the group. Observations are confined to noting the overt interpersonal behaviour of the individual-in-the-group interacting in task-emotional and social-emotional spheres, his network of communications as well as his individual behaviour patterns. These behaviours are recorded and provide the raw data for preparation of an individual diagnostic statement and thence recommendation for treatment of each child.

In the context of a child guidance setting this work opens up a new vista; however, it is not new or revolutionary in the field of social Group Work where observations and diagnosis in a social setting was accepted as far back as five decades ago when Mary Richmond (1917) wrote that: "Social diagnosis is the attempt to arrive at as exact a definition as possible of the social situation and personality of a given client. The gathering of evidence or investigation begins the process, the critical examination and comparison of evidence follows, and last come its interpretation and the definition of the social difficulty. Where one word must describe the whole process, diagnosis is a better word than investigation, though in strict use the former belongs to the end of the process." (p.62).

1.4. WHY THE GROUP ?

This work differs from the usual diagnostic procedures with children in that the setting has been transposed from the classic face-to-face interview to the small group. This concept may be accepted as part of the present Zeitgeist in psychology which represents a shift from studying individual behaviour as a more or less closed system to examining man's reactions in face-to-face groups; a shift which stems from a greater awareness of the pervasiveness of the social aspect of man's activities (Hare, 1962).

Although the group medium has long been used incidentally to provide diagnostic material, it was only through the perspicacity and pioneering research of Redl (1944) that the idea of creating children's groups for the specific purposes of diagnostic observations emerged. The advantages offered by the group setting is aptly described by Coyle (1959) in her discussion of Redl's Detroit Group: "Within the freer and less threatening setting of a group of their peers led by a non-authoritarian group worker, much was revealed that could provide the basis for therapy" (p.75).

It was, however, Churchill (1965) who realized the great potential diagnostic value of Group Work methods for the child guidance clinic. Her paper was the first on this theme to appear in the psychological literature and led directly to the evolution of the present study. As a social group worker she subscribes to the aphorism that diagnosis and therapy are complementary aspects of the same process. In this respect the present study does not follow the Group Work method nor does the concept of the 'helping process' enter into the present diagnostic technique. The social work concept of diagnostic group observations is transferred to a clinical psychological setting and confined to the narrower limits of clinical diagnosis, but the therapeutic aspects of group meetings are not given any positive recognition apart from the incidental advantage accruing from the child's establishing a brief trusting relationship with a non-authoritarian adult. In other words, the group is viewed as a means and a context for observation. As a means it presents the vehicle through which peer interactions and influences may be mobilised to effect participation, while as a context it affords the observer the opportunity for discerning role differentiation and status interplay.

1.5. AIMS OF PRESENT STUDY.

Before considering the guiding hypothesis in the present study, it may be timely to state briefly what this study purports to do.

A new diagnostic procedure is presented which, it is proposed to show, may be particularly suitable for assessing interpersonal behaviour in children with peer problems. This technique aims at providing a detailed social personality profile based on directly observed interpersonal behaviour. This is in keeping with the current trend in testing procedures which point to 'more direct observation in the situation in which an individual functions' (Levine, 1966, p.308). The investigator also proposes that this method possesses more than face validity, is economical in terms of the clinician's time and will delimit therapeutic aims more sharply. The final goal of this study is to offer a potentially valuable observational medium for future clinical and developmental research.

1.6. HYPOTHESIS AND ASSUMPTIONS ON WHICH HYPOTHESIS IS BASED.

The hypothesis which guides this study may be couched in the following terms. "Significant interpersonal behavioural patterns of children may be reliably and accurately assessed by observing, on a few occasions, behavioural sequences in structured and semi-structured situations in small peer groups".

This statement leads to the next task which is to examine the premises on which it is based. The first, and crucial one, hinges on a very important observation recorded by Frank, Ascher and colleagues (1952) that stable interpersonal behavioural patterns show up during early group meetings. This provides a basis for confidence that the behaviour we are seeking to observe in a few meetings is, in fact, characteristic and consistent for one individual and not merely an artifact of the particular situation. If this were not so, the whole study would have very little value.

The second premise is concerned with the words 'significant' and 'children' in the stated hypothesis. Erikson (1963) views child development in sequential stages, each one representing a chronological and sociocultural period during which the maturing child faces defined social tasks in relation to psychologically

significant persons in his life sphere. It follows that the richest protocols would be obtained by observing children, deeply involved in mastering their developmental tasks in relation to those significant persons. In practice it is more difficult to arrange for such observations at certain age levels or developmental periods than at others. By selecting subjects corresponding to Erikson's Stage IV, approximate age six through eleven years, the experimenter would most readily have opportunities for observing meaningful material, as during this period peers constitute the most significant persons in the child's social milieu where he seeks to master work and social skills and thereby develop what Erikson calls a sense of competence. Also, at this age period the pre-adolescent child is still prepared to interact with peers without censoring or inhibiting his own actions (Wright, 1960).

The third premise is related to the concept of placing the subjects in structured social situations and, in this way, reproducing miniature life situations. Inherent in this research strategy is the fact that the observer is confronted with reality data thus circumventing the difficulty of extrapolating from the realm of fantasy.

Empirical data generally have favoured situational tests as providing fairly high validity in assessing individual personality. Soskin (1949), in a doctoral dissertation on a comparison of methods of personality study based on brief observations in standard situations with standard personality assessment techniques, concluded that for certain variables the former method was found capable of accounting for a greater portion of the total variance than ratings based on interviews, test scores and personal documents or on a 'blind' analysis of objective and projective tests.

Situational and 'leaderless group tests' developed during World War II have been shown to be highly predictive and have been favourably received in England and today constitute part of the battery of assessment procedures at vocational institutions all

over the world. Evidence that this medium has proved fruitful in assessing personality for vocational guidance supports the assumption that it may prove a rich medium for observing children's personal qualities as, in fact, vocational psychologists are looking for behaviour patterns very similar to those that we are seeking to observe in children. However, unless situational tests are carefully structured they do not reflect life situations and hence may not evoke realistic behaviour. Vernon (1964) critically points out that, in the vocational field, situational tests frequently cannot be made to resemble real-life 'jobs' very closely. Closer to our own theme is a study by Sarri et al (1967) who noted that reported problematic behaviour of delinquents frequently did not become manifest in their treatment groups and this difficulty had to be overcome by arranging their 'group experience to simulate the client's situational and behavioral realities' (p.52).

Further empirical evidence supporting the use of social situations as a medium of observation is supplied by clinical psychologists, Freedman, Leary and co-workers (1951), who pointed out that group psychotherapeutic situations resembled real-life situations more closely than most other procedures which were used for obtaining data for personality research.

Awareness of the importance of matching the observational settings with the subject's real-life environment alerted the Investigator to exercise great care in the structuring of situations. A range of group situations which allowed each child a reasonable chance of finding himself in his particular problem sphere was planned. These situations were selected from ones known on theoretical grounds to be relevant to the middle-school child in his social functioning. Ideally the experimental design of the present study prescribed that only children with peer problems should have been selected as candidates for observation. However, in practice this criterion of selection could not always be carried over.

The fourth premise is closely tied to the concept of using the small group as the mediator for behavioural manifestations.

Apart from the necessity of limiting group size because of difficulties of observation, Vinter (1967) stresses that small groups encourage higher rates of membership participation and greater individual involvement. These features particularly favour therapy groups but may equally well be used in the service of diagnosis. Small groups offer the scientist numerous further advantages. By virtue of their being small, the observer is afforded the opportunity of manipulating the assembled members under relatively controlled conditions while observing and recording ongoing behaviour. As it is an individual-in-the-group who is being observed, as opposed to an individual in a dyadic situation, information gathered covers a larger field of stimuli and responses and interpersonal interactions. This enhanced network of activity inherent in group participation creates a medium for development and elaboration of personality elements in the individual. (Hare, Borgatta and Bales, 1965).

In the group situation data relevant to a subject's perception of attitudes and attributes of others as well as insight into group relationships and self concept become readily observable. This very important facet of personality carries definite diagnostic value and complies with Vernon's (1964) pithy remarks when he advises psycho-diagnostic investigation to remain limited to overt behaviour patterns, trends and concepts of self and others while giving deeper unconscious motivations a wide berth. To a certain extent this also meets Kleinmuntz' (1967) criticism that observational methods fail to cover the area of self concept and the individual's prejudices and likes.

A brief overview of the dynamics of group behaviour may add further clarity and precision to the expectation of observing significant behaviours in the group situation. An important question which must be answered is: when does a collection of individuals become a group? In the first instance there must be some interaction between the members (Hare, 1962). As the group develops further, four features of group life as described by Znaniecki (1939)

and Sherif (1954) typically emerge:

- (a) The members share a common goal which determines the activity of the group.
- (b) They develop a set of norms which defines the limits of interpersonal relationships and activities.
- (c) With further interaction a set of roles, that is the expectations of behaviour of the individuals, becomes stabilised with internal differentiation, and
- (d) Finally, a network of interpersonal attraction and rejection develops according to the patterns of 'likes' and 'dislikes' of members for one another.

It may be asked whether the groups, as constituted in the present study, were in fact groups in the psychological sense as outlined above. As will be shown later, the members certainly interacted, they had a common goal which was roughly prescribed but the norms and roles which the group were in the process of developing may not necessarily have had sufficient time to become stabilised. For diagnostic, as opposed to therapeutic purposes, this may in fact represent an advantage since it would have allowed the members leeway in experimenting with different roles. Also, more fluid boundaries in their interaction would be created and consequently should have provided the observer with increased opportunities for observing diagnostically relevant material. Had the group sessions been extended in time until a set of norms and individual roles had been rather firmly crystallized, the tendency to conform to group pressures and expectations might have blurred the idiosyncratic responses of the members.

The final premise revolves around the words 'few occasions'. The earlier statement about stable behavioural patterns emerging during early group meetings strengthens the present research design of limiting the number of meetings. In this way the study also complies with the urgency of introducing a time-saving device into the clinician's armamentarium. The other reason for arranging only a few meetings is, as already indicated, to observe individual behaviour before it becomes

deeply vested in group experience and undergoes therapeutic change. The concept that richer and more varied patterns of social functioning may emerge prior to norm formation establishes the importance of meeting on a few occasions only.

1.7. GENERAL ISSUES IN THIS STUDY.

Finally, two important issues must be faced if this study is to attain scientific status. The first one is concerned with the reliability and validity of this technique and its compliance with the requirements of scientific exactitude. In the planning and execution of this empirical study these restrictions were constantly in the fore. However, shortcomings of the human observer as a scientific instrument and additional methodological difficulties did not always permit strict adherence to these scientific demands. These research problems will be fully discussed at a later stage.

The second issue revolves around placing this study within a developmental framework so that theoretically based conclusions may be drawn. An eclectic approach has been preferred; the ego psychological and social-learning viewpoints have been selected as the main sources for planning the research and interpreting diagnostic material and empirical data.

Generally, one of three conceptual approaches may be chosen in group studies in which individual personality characteristics and performance are examined (Mann, 1959). In the first instance the individual attempts to satisfy his needs through goal-directed interaction with group members. The developmental viewpoint expounded by Erikson may be linked with this approach. Erikson sees the developing individual as facing the problems of satisfying a diverse set of needs in an environment containing various opportunities, prohibitions and temptations. The child brings to the situation a changing personality in a specific maturation phase with ever-maturing patterns of ego function in areas of perception and evaluation.

The second conceptual viewpoint describes the individual who functions as a source of stimulation for other members. Here the important parameters are the relationship between the individual personality and the way others perceive him. This view of individual behaviour in the group corresponds with social-learning concepts where man is viewed both as a set of stimuli and an organism emitting responses. This approach seeks operational explanations for social behaviour along learning-theory principles. The child's developing personality is assessed in terms of his actions while all human functioning is accepted as a consequence of the interactive effects of experiential and constitutional influences which impinge on the individual.

The third approach focusses on the dynamics of group processes 'per se'. This conceptual view of group behaviour has not been considered as it transcended the intended scope of this study.

CHAPTER II

GENERAL THEORETICAL PERSPECTIVES

The necessity of devising a suitable instrument for measuring the overt social aspects of personality unfolding of the elementary schoolchild was set out in the previous chapter. Here it is proposed to discuss, in theoretical terms, those social and interpersonal behavioural aspects so characteristic of this age group which the Diagnostic Group method specifically aims to reveal and place on a psychometric level.

The theoretical bias in this study is a developmental one with a firm recognition of the interacting influences of the social environment and the epigenetic unfolding of developmental structures in organising the maturing child's behaviour patterns. The 'sine qua non' of having a guiding theory in a study of this nature is all apparent. However, which theory to select as offering the optimal requirements is not quite so obvious.

On reviewing developmental theories it appears that their range and complementary nature demand that various approaches must be synthesised in order to anchor both the guiding hypothesis and the findings of this study within a theoretical framework. Therefore two viewpoints will be considered as contributing a composite view to understanding the social activities of the 'latency' child in a developmental context. These are Psychoanalytic Ego Psychology and Social-Learning Theory.

2.1. PSYCHOANALYTIC EGO PSYCHOLOGY.

2.1.1. Early Development.

Rapaport (1959) views the birth and burgeoning of the concept of the ego as the key construct in psychoanalytic ego psychology in four phases, each one emerging from and elaborating on notions developed at an earlier stage. Toward the end of the nineteenth century, Freud (1924), drawing from the philosophical works of Leibnitz and Herbart, attributed to the ego the role of

defense against traumatic memories and selected reality experiences. This pre-psychoanalytic concept of the ego, represented as 'self' or 'consciousness', secured for the individual freedom of pain from disturbing experiences by a defensive process which screened off memories unacceptable to the 'dominant mass of ideas'.

The second phase was ushered in when Freud, realising that these unacceptable memories were mere fantasy figments of his patients, trained his sights on the evolutionary process underlying these fantasies. He substituted the more global concept of 'repression' for 'defense' and, being at the time greatly immersed in instinctual theory, he attached instinctual drive connotations even to ego functions. This temporary deviation was later rerouted with the establishment of the reality link of ego activity by the postulation of the vital role of secondary thought processes, shorn now of their instinctual associations and controlled by the regulatory reality principle. During this period Freud gradually discerned, in analysing repressed material, that the previously held topographical concept of the ego did not coincide with the findings that the patients' counter-cathexes were permanent and the accompanying resistances unconscious.

The structural concept of the ego replaced the topographical description during the third phase (Freud, 1927). The ego was now viewed as a coherent organisation of mental processes which arose from identification with abandoned objects and possessed its own sources of neutral and derived energy stemming from instinctual drives. Consciousness, instead of encompassing the whole of the ego, was relegated to a small role only and the rest of the ego controlled the process of resistance and the unconscious. Basically this revised concept of the ego still had its roots in an interaction of id, superego and reality with the ego acting as a passive participant, subservient to the id. Later Freud (1936) ascribed to the ego a large number of autonomous activities thus

severing some of its bonds with its former master, the id. Now external reality formed the core of his theory and an epigenetic concept was implicit in the initially passive ego responses acquiring vigorous ego-initiated properties.

Finally Freud (1950) explicitly discussed the assumption that the ego possessed autonomous synthetic functions, independent of instinctual drives. Building on these concepts, Anna Freud's (1937) description of ego functions in terms of defense against external reality stimuli laid the corner stone for the writings of later ego psychologists.

2.1.2. Later Development.

Freud's formulation of the tripartite psychical apparatus was not only the precursor of present day ego psychology, but in delineating the role of the ego and ascribing to it certain inborn constitutional characteristics, he determined the pattern for its future development.

Amongst others, two prominent theorists, Hartmann and Erikson dominate the field today. This cursory survey outlines the origin and mode of functioning of the ego in health and disease as described by these and other ego psychologists.

(i) Hartmann and his colleagues.

The first and greatest exponent of autonomous ego development is Heinz Hartmann who in 1937 presented his classic address before the Vienna Psychoanalytic Society. Together with Kris (1945) and Loewenstein (1946) and in later writings (1950(a), 1950(b) and 1952) he clarified their theoretical stand in relation to genetic and developmental issues.

Their approach diverges from the classic Freudian notion that the ego differentiates from the id and always remains the passive

superstructure, responding to the whims of the untamable id. They view the instinctual drive processes and the ego mechanisms as arising from a common undifferentiated matrix prior to the differentiation of the ego and the id. The ego gradually frees itself from its embryonic ties with the id as its inborn apparatuses of primary autonomy achieve executive status, and these ego apparatuses of mobility, perception and memory begin to function unequivocally in the service of the ego.

Translated into concrete terms, the infant's experiences, centred at first in his own internal stimuli and needs, acquire reality during a process of differentiation, mediated both by maturational demands and the experience of a wide range of typical and atypical influences. During this process the infant learns to distinguish between the 'self' and the outer world. The immature ego apparatuses undergo the necessary growth which enables them to acquire the executive ability essential for the subsequent functions of maintaining equilibrium and achieving adaptation.

The external conditions essential for this process are provided entirely by the loving and consistent care of the mother who supplies the stimulus nutriment which enriches the infant's reality experiences and thus bridges the gap from himself to his immediate surround. In order that the infant may achieve this objective reality, these writers propose three necessary conditions related to the degree of satisfaction of infantile experiences. These are expectations of or longing for gratification and feelings of disappointment and rage against the source of frustration. Hand-in-hand with this mild deprivation with its accompanying psychodynamic processes of introjection, projection and identification with the mother, goes the requirement of a certain level of cognitive and perceptual development reached at about six to twelve months of age.

Hartmann and Kris (1945) describe the developing ego as differentiating from two roots, the one steeped in conflict against id drives, superego and external reality. This 'conflict born' ego

regulates the instinctual stimuli, in particular their neutralisation and rechanneling in the service of a variety of ego functions and subsequently determines individual coping mechanisms. The other root is linked to the 'conflict free' sphere and encompasses a host of everyday perceptual, cognitive and motor functions beyond the area of mental conflict.

In a discussion of the mode of optimal ego functioning, Hartmann introduces various concepts. The first one, adaptation, closely resembles the equilibration process as described by Piaget (1967). The pre-eminence of this process is evident as Hartmann frequently refers to the ego as the 'organ of adaptation'. Adaptation implies both the individual's manipulation of the environment and the modifying and accommodation of his own potential abilities to 'fit in'. Hartmann discriminates between a situation free from neurotic symptoms and one of optimal existence which represents the ultimate in adaptation.

The parsimony of this approach is apparent in his use of the adaptive process as an explanatory concept for the functioning of both the healthy and disturbed ego. Optimal adaptation and synthesis, mental health, is mediated by a differentiation process analogous to the biological concept of differentiation and integration described by Werner (1940). It is built on a sound fundamental development of the ego in both the 'conflict' and 'conflict free' spheres. A disturbance of the process of adaptation can present as neurotic symptoms with a disturbance of functions of intelligence, reality testing and ability to delay, all of which represent abortive attempts of the ego to adapt. However, these disturbances may subsequently become adaptive by suitable elaboration and modification.

The second notion, that of two contrasting forms of adaptation, progressive and regressive, has definite Freudian origins. As the terms imply, progressive adaptation refers to a change in the direction of development, while regressive adaptation describes the purposeful and highly successful adjustment achieved during a

process of 'regressive detour'. This concept is later elaborated in the description of the creative process as 'regression in the service of the ego'.

During the adaptive process two further abilities of the ego, those of ego inhibition and ego synthesis, are continually invoked to help the ego cope with the task of controlling the conflict between instinctual drives and the external environment.

A further concept which Hartmann introduces is the notion of rank order of ego functions implying that certain processes have a higher position in the hierarchy. Intelligence, with its great flexibility and potential for mastering new situations, is given pride of place in the hierarchy but he cautions against devaluing other non-rational mental processes.

Finally, he introduces the concept of automatic activity as opposed to rational actions. This he terms a 'super-ordinate ego function' which acts as a central regulatory mechanism, determining when the ego uses pre-conscious automatised thinking and actions.

Hartmann (1958) envisages the ideal of a stable and effective ego structure which develops under the combined conditions of 'purposive coordination and rank order of functions in terms of adaptation, differentiation, and synthesis within the ego' (p.56) and modification of instinctual drives and tolerance of tension. During this learning process the role of the mother is the main determinant in the child's affective and cognitive structural development where the consistency of her requests supports and strengthens the ego organisation in the struggle against impulsive drives. In order to retain her valued love, he must comply with her demands and, in a wider sense, to retain pleasant environmental interaction he must control his instinctual desires.

With increasing age the healthy superego develops in response to various determinants. Hartmann stresses that

pre-requisites for this process are a certain level of cognitive maturity and the child's ability to identify with his parents in such a way as to escape the conflict between love, hate, guilt and anxiety.

(ii) White.

White's (1967) approach to the origin of ego energy differs from that proposed by Hartmann, et al in that he suggests that, virtually from birth, there exists an independent source of energy in the ego apparatuses and therefore it is superfluous to postulate the 'neutralisation' of instinctual energy. This view is based on an aspect of Freud's writings which did not receive much prominence. Freud held that the ego apparatus might have its own intrinsic energies and the child experiences a natural satisfaction in the exercising of ego functions.

White presents this notion of independent ego energies as an explanatory concept in accounting for the relationship between the ego and reality. The learning process of infancy proceeds through 'action and its consequences' and in this way the growing child acquires reality-testing ability and self-esteem. He bases his views on observations of the playful exploratory behaviour within the reality setting of the young infant or child; during this process the child uses 'effectance' energy and enjoys a feeling of efficacy while developing competence and ego growth. These exploratory actions are initiated by neutral energy unrelated to instinctual urges and frustrations, are undertaken for the sake of searching for interesting experiences, and gradually lead to an understanding of the difference between the self and non-self.

Deviations in ego development arise not only as a result of maternal inadequacy but are closely linked to the child's constitutional diathesis. Any process, such as over- or under-activity, which interferes with socially directed effectance will hamper the development of the healthy ego. Therefore, in this theory, healthy ego growth with growth of competence and confidence

emerge from efficacious functioning in society.

(iii) Toman, Goldfarb and Bender.

Other ego psychologists, however, also trace the development of pathological responses in later life to disturbances in early mother/child relationships. Toman (1960) describes the frustrating efforts of the neglectful and antagonistic mother who, failing to satisfy the infant's instinctual desires, subsequently impoverishes his psychological life. The infant responds by ceasing to be active, clings to his pacifier for satisfaction and excludes the hostile world from his life.

Goldfarb (1945) describes the pathogenesis in emotionally deprived infants as a failure of identification with the mother. Subsequently the child can enter only into casual and fleeting ties with adults. A weak or even absent superego results which accounts for a lack of anxiety and absence of internal patterns of impulse control seen in these children.

Bender's (1947) views resemble the above closely. She describes the psycho-pathology resulting from emotional deprivation as seen in 'psychopathic' individuals as, firstly, a weak ego identity associated with lack of anxiety and absence of any neurotic reaction pattern to conflict and, secondly, a lack of superego awareness, poor frustration tolerance and an inability to love or feel guilty.

(iv) Erikson.

The more recent writings of Erikson (1959, 1963, 1964), with their focus on the social and emotional interpersonal sphere, provide a particularly suitable theoretical reservoir for the present study. His approach stands unique in its sophisticated synthesis of the various social and biological sciences to present a personality theory integrating cultural and interpersonal constructs within the basic framework of Freudian psycho-sexual concepts.

Erikson's adherence to the psychoanalytic tenets is clearly seen in his postulate of a generating psychic force which

becomes attached to successive layers of life experience. These levels correspond to the Freudian conscious, pre-conscious and unconscious experience, each being mediated by a psychic structure, the ego, superego and id respectively. However he diverges from Freud in the elaboration of his superstructure where the autonomous ego takes pride of place and not the products of id and superego conflict nor the vicissitudes of the id. This ego, with its creative and adaptive potential, performs its tasks within a familial and social milieu in which dynamic emotional relationships of a crucial and mutually regulating nature are experienced.

Three concepts are central to his approach, namely the epigenesis of the ego, reality relationships and the socio-cultural quality of these relationships. Individual growth is viewed as a struggle between inner and outer conflict which the person weathers until his creative ability in coping with the conflictual stresses in social living finally results in equilibrium. During this process the harnessing of all the ego forces and directing these toward active adaptation and ego synthesis are considered the triumph of human living. The master regulator, the ego, controls all conscious actions; in its aim to achieve equilibrium, it faces 'the synthesis and integration of past experience with the tasks confronting the individual in his perceptual-cognitive field in the present' (Maier, 1965, p.23).

Erikson's approach is original in his description of successive phases in the development of each individual personality. Interwoven in the mesh of each stage runs a thread of continuity described as the dilemma of the young individual facing a 'developmental conflict' in which the solution is prepared in the previous phase and gradually resolved in subsequent ones. He defines certain conditions which must be met before the child progresses from one phase to the next. These are biological, psychical and social readiness of the child, a preparedness reflected in the mutual demands and expectations of the child's social environment.

During each stage the child practises characteristic 'action' patterns in relation to psychologically significant persons; these interactions gradually shift from the intimate family to the realm of society. Also, attached to each phase is an inherent strength or 'virtue' which buoys the maturing child and acts as a source of inner inspiration both in his daily social interactions and in the gradual evolution toward psycho-social maturity.

Erikson's fourth developmental stage, Industry versus Inferiority, between the ages of seven and eleven years, corresponds with the developmental phase of subjects in the present study. At this final childhood stage, the bouncing, energetic schoolchild, standing on the portals of adulthood, faces the educational demands of his culture. His everyday negotiations are geared toward productive activity in the company of peers. The universality of Erikson's descriptive phases is particularly applicable during this period as 'formal' or 'informal' instruction forms an integral part of the child's daily activities in all societies. The handling of tools becomes his preoccupation: hand-axes in primitive society, pens in modern culture.

In psychodynamic terms, the social developmental task facing the child during this period demands that his inner adaptive resources support his need to achieve executive status within his peer milieu. During this process he is hampered by the conflict of previously held infantile fears of inferiority which are the remains of earlier inabilities in the world of skills coupled with feelings of inadequacy springing from the psychological shortcomings within his elementary family relationships.

The child's satisfaction and pleasure derived from diligent work completion serve to cement the pattern which will culminate successfully in the acquisition of a sense of industry, while his increasing cognitive skill and greater competence further aid this positive growing process. Erikson stresses the marked

significance of the peer milieu for the pre-adolescent youth during this phase: "This is socially a most decisive stage; since industry involves doing things beside, and with others, a first sense of division of labour and of differential opportunity" (1963, p.260).

The fulcrum of the child's world shifts from previous dependence on parents to acceptance in a peer group and dependence on social institutions. The earlier autonomous ego strivings become replaced with a preoccupation with competitive activities. While the vocational adequacy of the ego proceeds apace, the challenging demands of the id and superego are efficiently tranquilised. This successful adaptation accounts for the apparent dormance of the violent sexual drives of an earlier and later period. Libidinal energy is successfully channelled toward learning, doing and experimenting in the social world. Play activities reflect a reconstruction of real life situations; the sexes tend to segregate while play acquires definite sex-linked features.✓

How does Erikson view the growing years preceding this eminently social era ? What nuclear conflicts must the budding ego master and what is the nature and significance of the child's psychological milieu ? From birth onwards the helpless infant gradually acquires security in anticipating and receiving regular custodial attention coupled with warmth and affection from the caring mother. These gratified social expectations and regularity create in him a sense of well-being and basic trust.

Two interesting points emerge. First, Erikson emphasises the reciprocal features of this process; the presence of the helpless infant which is an essential ingredient for the optimal psychological maturation of generative adulthood with 'care taking' as its characteristic social modal action. The other concept corresponds with Hartmann's views, that is that mutual regulation of frustration is essential in this embryonic identity formation process which results in the acquisition of basic trust.

Basic trust toward self and others, the first component of a healthy personality, emerges as a result of these early satisfying interpersonal experiences. For Erikson, the successful mastering of this first nuclear conflict is closely linked with maternal adequacy: "The firm establishment of enduring patterns for the solution of the nuclear conflict of basic trust over basic mistrust in mere existence is the first task of the ego, and thus first of all, a task of maternal care" (1963, p.249). During this phase, the baby's mode of approach to his environment is an 'incorporative' one, at first passive with 'drinking in' of food and sensory stimuli but gradually becoming more active, focusing visually on objects, listening to sounds, and biting. Underlying this process, Erikson (1964) describes the emerging virtue of 'hope', nurtured by the care of the mother, as sustaining the young infant in his wishful fantasies and supplying him with the faith to believe his desires will be gratified.

In the normal course of events, the intimate mother/child tie is gradually lessened toward the end of the first year. If this process is too abrupt or without suitable substitution, the baby may find this 'abandonment' psychologically traumatic and may be left with a residue of basic mistrust. At this early phase it may present as 'anaclitic' depression (Spitz and Wolf, 1946) or, later, the individual may present with a mildly depressive emotional state.

The next descriptive phase, 'Autonomy versus Shame and Doubt', outlined by Erikson corresponds to Freud's oral period from eighteen months to four years. The roots of this phase are linked to the child's increasing efficiency of muscular manipulation. The muscular sequences of 'holding on' and 'letting go', characteristic of sphincteric maturity, represent the predominant social modality, the retentive-eliminative mode. The developmental task facing the young child during this period is that of acquiring self-control without loss of self esteem, so that through his own actions he acquires a permanent sense of autonomy and pride in his achievement. If, however, he is unable to control his eliminative activities, or over-strict parental control is imposed, the young child reverts to overweening feelings of doubt and shame.

Two features essential for the successful resolution of the nuclear conflict inherent in the second phase of development are a firmly developed and a convincingly continued stage of early trust, and disciplined and understanding parental guidance with freedom for the young toddler to regulate his own activities within a firm but tolerant family setting. 'Will' is posed by Erikson as the important basic virtue during this psycho-social stage; it guides the child in his determination to exercise free choice within his self-imposed limits despite the conflict of arbitrary shame and early doubt.

Pathological resolution of this stage presents as turning against the self in a compulsive manner. The young child may overmanipulate himself and present with an infantile obsessive ritual, a manifestation of a 'precocious conscience'. When adulthood is reached his everyday activities remain subject to this infantile precocious conscience which makes him feel ashamed and apologetic and his overcompensation may present as defiant autonomy. But negative aspects of resolution of this developmental crisis do not necessarily reflect deviant behaviour, as the balance of man's potential to adjust is infinitely flexible. Some compulsiveness may be acceptable, when well integrated with other compensatory traits, as a social asset resulting in marked efficiency.

The third phase of development, 'Initiative versus Guilt', describes the preschool child, a bundle of restless energy, exercising his ever improving skills of locomotion. This unfolding initiative, observable in motor execution and increasing linguistic skill, added to his previously acquired autonomy of action, encourages him to attack tasks in an energetic, forceful and more mature manner. His play day is now completely absorbed in 'making' that is going after things and 'making like' in other words creating things.

In his ever increasing keenness in reaching for new experiences, the young child experiences guilt at shattering the previous security of a trusting dependency on his parents and still

further guilt feelings at contemplating the enormity of his own aggressive Oedipal impulses. In this intensive search for new horizons, his rivals shift from younger to older siblings. He may compensate for his guilt feelings by curtailment of activity, only to frustrate his exploratory and sexual drives further, and thus engender even more intense guilt feelings.

During this phase the acquisition of a mutual balance between the forces of the id, the ego and the superego must be achieved to present a more integrated personality. Erikson follows Freudian concepts in describing this period as one where the Oedipal attachment to the mother must be relinquished while the firm identification with the same-sex parent becomes an essential task for the child both in terms of familial and societal relationships. Only the boy who has achieved firm autonomy can confidently surrender the 'romantic possession' of his mother. The rudimentary superego of the previous phase increases in stature, being built on identification with the model same-sex parent and beyond this on the parent's superegos and their sociocultural heritage: "It is at this stage of initiative that the great governor of initiative, namely, conscience, becomes firmly established", says Erikson (1959, p.80).

Despite the vital role allocated to the opposing pulls of the id and the superego, Erikson placed the importance of this phase firmly within the realm of the ego. The child's ego processes now reflect a greater understanding of reality and his own identity and are greatly enhanced by his increased skills, emotional maturity and a breakaway from earlier egocentric notions.

Knowledge of sexual differences gained during curiosity encounters also enters the child's conscious awareness. Erikson typifies this stage as that of 'infantile sexual curiosity, genital excitability and occasional preoccupation and overconcern with sexual matters' (1959, p.76). The boy's essential psychosocial modality is that of intrusion, the girl's inception; patterns which are visible both in play and social relationships and bear on analogous relationship to their later bio-sexual roles.

Socially the child is ready for group association beyond the parental person, with siblings, playmates and the teacher. Play, the central activity in his day, serves an autotherapeutic function and provides him with the opportunity to 'play out' his own conflicts while the presence of friends satisfies his need for companionship. Purposefulness, the 'virtue' of this period, is all pervasive in the child's pursuit of valued goals. It bolsters his ego against the dreaded guilt attached to his fantasies while it wards off fear of punishment.

Pathological development, represented as an imbalance or overpowering of guilt feelings which inhibit the optimistic initiative of the individual, results in the child's conscience becoming 'punitive, cruel and uncompromising' and presents in the play situation where the child learns to constrict himself to the extreme of an overall inhibition. In the adult the residual conflict over initiative manifests as hysterical denial, either through wish repression or 'paralysis' of the executive organs, or in an over-compensatory mechanism where the wish to evade is replaced by excessively exhibitionistic activities. Psychosomatic illness too may have its earlier roots in the unresolved conflict during this developmental phase.

The discussion of Erikson's viewpoint will be concluded at this point. The self-images and ego-values acquired during these childhood phases together with self-esteem derived from the successful resolution of each crisis will later become integrated to give the adolescent a firm sense of identity within his social environment.

2.2. SOCIAL-LEARNING THEORY OF CHILD DEVELOPMENT.

Generally the stimulus-response (S-R) theorists view human behaviour in the same light as they do animal behaviour; from the outside without attributing subjective feelings or affect to the objects of their study. Their inductive methodology demands discovering empirically, in a laboratory setting, the stimulus-response sequences and explanatory concepts of particular behavioural phenomena. From these laboratory-linked concepts they extrapolate to the real-life situation of the person or child.

Their firm adherence to the principle of parsimony in theory building has often been criticised as it becomes exceedingly difficult to relate the multiplicity of human responses to a few principles. Nevertheless, they have succeeded in anchoring their theory to a few basic tenets. Theirs is not a rigid adherence, as coupled with this ideological attachment to parsimony there goes a cognitive readiness to modify or reformulate their theoretical stand in response to new empirical data which contradict or extend previously held views.

The social-learning theorists have a close association with the S-R protagonists, but they extended their experimental terrain beyond the animal laboratory and many have sought hypotheses for understanding man's social behaviour beyond the confined S-R borders.

The basic concepts of this theoretical approach are few and will be briefly outlined (Bandura and Walters, 1963, Baldwin 1967). The first postulate contains a direct link with Locke and the early Associationists, that is virtually all human behaviour is learned in a molecular additive manner. The basic laws of Classical and Instrumental Conditioning and Hull's reinforcement of stimulus response sequences are accepted as the two main principles of social-learning. In addition, two further modes, observational learning and learning through verbal instruction, are postulated. By including these additional modes of learning this system accounts for the role of vicarious reinforcement through which the observer's actions are modified according to the discriminatory reinforcement received from psychologically significant persons.

Although the model caters for overt metric aspects of behaviour, it was found essential to introduce the notion of hypothetical construct in the guise of mediating responses to represent actions which do not manifest themselves overtly but are active in such human tasks as cognition and verbal learning.

Building on these learning principles, these theorists attempt to explain the socialization process in terms of antecedent-

consequent relationships. They focus on six main learning areas, namely dependency, aggression, identification, sex-role learning, acquisition of conscience and toilet-training.

Protagonists of social-learning theory occupy a special place in the American psychological scene, as they not only represent a collaborative methodology incorporating empirical stimulus-response laboratory techniques coupled with the hypothesis-rich psychoanalytic concepts, but they also illustrate the integration of various life science disciplines such as Psychology, Social Science and Social Anthropology. Dollard and Miller (1950) illustrate this inter-disciplinary approach in their theoretical explication of psychotherapeutic principles in treatment of neurosis by the following statement: "The ultimate goal is to combine the vitality of psychoanalysis, the rigor of the natural-science laboratory, and the facts of culture" (p.3). Cross cultural studies have assisted considerably in defining the role of learning in the socialization process of children in different cultures. As socialization represents the process by which society teaches the child to accept adult behaviour patterns, social-learning theory has derived much of its vigour from seeking to account for the great variance which exists in different societies.

Bandura and Walters (1963) have contributed considerably to our understanding of the learning processes involved in the development of personality. Theirs is not a developmental approach, but their empirical findings have added substantial scientific insight to many puzzling behavioural phenomena. Their 'Socio-behaviouristic' approach finds no necessity for introducing psychoanalytic concepts which they in fact devalue. In this they deviate somewhat from the other social-learning theorists and may be considered 'hard-core' behaviourist psychologists. They also state their position in relation to developmental theories clearly as follows: "Social learning approaches, in contrast to stage theories, lay stress on interindividual differences and on intraindividual continuities" (p.24).

They maintain behavioural changes are brought about only as a result of abrupt change in social training procedures or changes in other related social and biological variables. Bandura (1960) supports this statement by reference to an empirical study conducted on two contrasting groups of boys, very withdrawn and very aggressive. He concludes that the difference in personality development could be traced to differential responses to varied direct training procedures and different parental models and could find no evidence for parental rejection.

Observational learning, labelled 'imitation' in experimental psychology and 'identification' in personality theories, represents the tendency for the child to reproduce the actions, values and emotional responses of persons in his environment without explicit instructions to copy the available models. This type of learning plays a vital role in acquisition of both deviant and conforming behaviour. On the basis of observational learning they challenge the concept of Sears et al that frustration is an inevitable antecedent of aggression and, conversely, that aggression is the dominant unlearned response to frustration. They show empirically that highly aggressive behaviour may be produced by manipulating other learning variables such as exposing the child to successful aggressive behaviour all the while maintaining a low level of frustration.

Deviant social behaviour persists due to a pattern of intermittent positive reinforcement and the persistence of anxiety-motivated avoidance responses mediated by intermittent reinforcement through anxiety-reduction. In the therapeutic modification of this deviant behaviour they suggest five social-learning principles, one or more of which may be successfully employed. These are extinction, counterconditioning, positive reinforcement, social imitation and discrimination learning.

In the present study the work of Sears (1951, 1962) has been selected as illustrating the application of learning theory

principles to the socialization process within a developmental framework. In formulating a social theory of personality development he advances a particularly appropriate viewpoint in his formulation of dyadic action as the essential unit of study. He states: "But if personality and social behaviour are to be included in a single theory, the basic monadic unit must be expandable into a dyadic one. A dyadic unit is one that describes the combined actions of two or more persons" (1951 p.469). In his exposition he concentrates on the mother-child relationship which constitutes his dyadic unit. Yet he allocates considerable power to other social determinants in influencing the development of personality which he defines as a product of a 'lifetime of dyadic action which has modified the individual's potential for further action (p.476). These important variables include the child's sex, his ordinal position in the family constellation, age difference between siblings, the mother's personality and social position, education and personal happiness. He devalues the role of the father and stresses only maternal intellect and educational difference as accounting for different child-rearing practices in different socio-economic classes.

While he expresses a strong predilection for the learning theories of Hull and Skinner, shown in his paradigm of adaptive behaviour depending on reinforced learning mediated by the mother, much of his source data stems from psychoanalytic theory. His basic thesis is that personality development is determined directly by the parents' child-rearing practices and may best be measured through observing action and social interaction. As he uses mainly pre-school children in his studies and has produced virtually no research beyond adolescence, his work has little to offer beyond five. However, in the early years he covers development of the young infant and pre-school child in such learning tasks as dependency, identification and regulation of aggressive responses in a fresh and invigoratingly rigorous way.

Broadly speaking the process of socialization in any society follows the following pattern: during infancy the accepted model dictates societal indulgence of dependence, a psychological

milieu in which the infant gains satisfaction and security. Then gradually the change is wrought and the toddler must relinquish or unlearn the childish patterns and acquire gratification in more adult behaviours. This process is mediated by the interaction of various learning principles while much anxiety may be generated as a result of conflict between previous habits and the increasing demands of society.

Maier (1965), in an extensive analysis of the empirical and theoretical writings of Sears, suggests a recasting of his approach into the following structured developmental paradigm. The social learning of the child may be conceived of as proceeding along the following stages in a concentric manner:

- (i) A phase of rudimentary behaviour determined initially by inborn needs and later guided by learning in early infancy.
- (ii) With an increase in age, behaviour becomes regulated by secondary motivational systems where learning of acquired drives takes place within the family circle.
- (iii) With further growth and increased mobility, behaviour becomes influenced by secondary motivational systems where the learning process extends beyond the immediate family circle.

Though the subjects in the present study correspond with the third phase, a brief description of the previous two phases is relevant as during those periods the most vital and far-reaching social learning takes place.

2.2.1. Phase I. Rudimentary Behaviour.

This primarily asocial period extends from birth till about the end of the first half-year of life and represents a period of integration of the biological- with the early social milieu. A sound foundation at this stage will enhance the infant's future social-learning potential.

Sears relates the infant's innate needs to the learning process in the following manner. The needs of hunger, thirst, sleep, sex tension, need for activity and need to experience personal warmth, constitute a complex of interrelated primary drives which function as the instigation to rudimentary learning. At first all these needs are gratified in relation to the intimate care-taking relationship with the nurturant mother. Gradually the infant's learning framework shifts from this primary drive level to the environmental social level. These drives create a state of tension which activates the infant to seek tension-reduction through any gratifying response. He may cry or struggle in a trial and error manner and in this way call his mother who satisfies his needs; thus he gradually learns that reduction of pain is related to his own activity. Repetition of this action sequence gradually leads to his actions becoming learned goal-directed responses. The rewarding experiences for the infant are made up not only of the mother's satisfying his hunger but also her dependable presence, fond handling and warm, close physical contact.

In theoretical terms this simple learning process implies a shift from the neonatal autistic primary drive instigation to action with its trial and error features to later dyadic, socially-centred behaviour as the infant gradually learns to emit responses which will guarantee the presence of the nurturing mother with her accompanying drive-reduction qualities.

Learning of dependency.

The mother's presence becomes associated with comfort as she attends the infant's needs, while her absence creates discomfort and may act as a stimulus to anxiety. On being uncomfortable his cries draw her and thus her satisfying presence reinforces his attention-seeking behaviour. Once this pattern is established the infant has reached a truly dyadic relationship with active dependency which is present and observable at about eight months. In the feeding situation both the sucking activity, with reduction of hunger of the infant, and the mother's presence serve to reinforce the sucking action so that it rapidly develops

into a habit and an independent drive. This close association between the infant's need for food and for the mother's presence further enhances the dyadic relationship. This early learned active dependency later becomes a strong motivational need which constantly seeks gratification and reinforces the infant's dependency on the mother. Her mode of handling these dependency needs also influences the later development of identification.

Learning of aggressive behaviour.

An important concept which Sears emphasises in his scheme of socialization is the presence of frustrating or goal-blocking stimuli. He proposes that aggressive behaviour is primarily consequent upon frustration. (Dollard, Doob, Mowrer, Miller and Sears, 1939). The needs of the uncomfortable infant cannot always be tended to immediately. The resulting frustration leads to angry responses through which the infant eventually succeeds in gaining gratification. This represents a learned action sequence, not an innate aggressive pattern, while the innate behaviour pattern of anger, crying and writhing represents the precursor of aggression.

An important difference between the acquisition of dependency and aggressive behaviour must be stressed (Baldwin, 1967). The precursory behaviour of both is similar; in the one instance angry shouting brings relief, thus reinforcing dependency, while in the other instance angry crying again brings relief but reinforcing aggressive behaviour. The difference may be related to the fact that angry crying creates a state of annoyance or pain in the mother. The baby associates this state of annoyance in the mother, while caring for him, with satisfaction of his own drives. In removing the cause of the child's aggression the adult also reduces her own discomfort in the presence of the child. By definition, aggressive behaviour demands that it must be directed toward hurting others, and this harmful action must act as the reinforcement for the aggressive acts. These conditions are neatly fulfilled in the home where

the angry child's wants are catered for by an extremely cross and irritable mother. However, her hostility also creates a state of anxiety in the child and though the aggressive behaviour is reinforced it is simultaneously punished. The child's response repertoire to frustrating stimuli now becomes controlled by the conflicting pulls of aggressive responses inhibited by anxiety and fear of punishment. In this context it is of interest to note that parental permissiveness in the face of anger displays fails to reinforce these behaviour patterns but it leaves the infant with 'unchannelled aggression'.

All manifestations of aggressive behaviour cannot be related to preceding frustrating stimuli. As previously discussed, Bandura and Walters account for aggressive behaviour in terms of observational learning. Further explanations centre on the reinforcing feed-back quality of aggressive behaviour so that injury to others becomes rewarding in itself.

2.2.2. Phase II. Secondary Motivational Systems.

The acquisition of secondary motivational drive systems relates to the learning process as centred in the elementary family, subject to parental training schedules, and denotes the critical period of socialization from approximately six months to school readiness age of six years. The growing child's primary needs are now gradually replaced by learned secondary drive systems acquired through a process of repeatedly reinforced social gratifications. Learning, which during infancy was closely enmeshed in the satisfaction the infant derived from his dependency on the mother, now acquires a more social guise. The child's responses become goal-oriented, being directed toward achieving maternal approval and thus relieving the anxiety generated by maternal disapproval. This controlling device, reinforcing actions by approval and evoking anxiety by disapproval, affords the mother a powerful tool for teaching the child accepted social rules. In learning theory terms: she inhibits or extinguishes undesirable actions by non-reinforcement.

Unlearning of dependency.

With increasing age it becomes necessary for the child to unlearn his early dependency responses gradually in order to cope with the demands of society and the absence of his mother. Only two processes, gratification and gradual modification of dependency needs, will bring about a reduction of this powerfully learned drive. With increasing motor autonomy his range of self-help activities has become considerably extended. By imitating action sequences previously performed by his mother he himself initiates the gratifying goal responses thus rewarding his own activities and in this way he acquires new behaviour patterns.

Modification of behaviour, with continued support by an approving mother, will take place only in those instances where the child has experienced satisfaction in his dependency relationship. While the child depends on the mother and gains gratification from this relationship, withdrawal of care, love or warmth is viewed by him as a facet of punishment, that is the alternate to reinforcement. This threat will motivate him to change his behaviour to gain further support but ceases to do so when the dependency relationship ceases to be gratifying. As the child grows older, dependency behaviour shifts from the mother and becomes displaced by a process of stimulus generalization to other ministering adults in his social circle and still later to peers.

Non-reinforcement of attention-seeking behaviour will also help to extinguish dependency behaviour patterns (Baldwin, 1967). However, unresponsiveness by parents in situations where they were previously responsive frustrates the child. Also withholding attention after previously freely giving it heightens the child's bid for attention but finally he learns to discriminate between appropriate and inappropriate behaviour. If the parents occasionally respond to attention seeking behaviour this will be strengthened according to the principle of partial reinforcement. At times the parent may respond only to very violent bids for attention thus reinforcing exhibition of temper tantrums which then become part of a child's behavioural repertoire.

Parents may impulsively punish undesirable dependency behaviour patterns. Theory expects the child not only to inhibit the attention-seeking behaviour but also to develop anxiety about dependency. The effect of this dependency-anxiety then permeates all other aspects of social learning and undermines the power of the reinforcement meted out by parental approval (Bandura and Walters, 1963). Generally social-learning theory has not been fully successful in explaining the effects of punishment as it may occasionally intensify bids for attention. Whiting (Baldwin, 1967) holds that the dependency drive is created by a combination of rewarding and punishing dependency needs while conflict between dependency and dependency-anxiety strengthens this drive. This concept is known as the conflict-drive hypothesis and may be applied to other behaviours and may also be used to account for uninstigated aggressive behaviour.

Under optimal conditions, Sears sees the dependent state as gradually being moulded into one of affection and esteem for nurturant adults. As the child's dependency needs decrease he becomes freer to compete with his siblings for gratifying responses from adults and in this way the motivational drive of competition develops.

Socialization of eliminative responses and sex training.

Toilet-training, another important facet of socialization of previously uncontrolled behaviour, is also achieved during this period. Social-learning theory accounts for this control by the principles of reinforcement by rewarding and inhibition by punishment meted out by the mother; interpreted by the child as acceptance and rejection until he learns to relate these responses to his own eliminative activities.

The acquisition of sexual modesty, in terms of masturbation or exposure, differs from the above training procedures as it generally involves the child receiving prohibitive instructions in affect-laden terms.

Learning control of aggressive behaviour.

In a social environment the child's behaviour gradually becomes more goal-directed. From experience he establishes an index of parental aggressiveness by noting the extent of parental counteraggression which he can evoke. From his experimental data, Sears suggests that parents of the same sex as the child instigate more frustration and subsequently receive more aggression by rigid control. Further empirical data point to the fact that aggression may be released in fantasy play, thus allowing the aggression to be displaced on to a substitute for the real instigator to aggression (Sears, 1962).

Learning control by redirection or inhibition of aggressive responses constitutes an intimate aspect of socialization; it is dependent on a balance between permissiveness and restraint. Too much permissiveness loads aggressiveness positively while too much inhibition internalizes feelings of frustration with unexpressed feelings of aggression. Thus both extremes foster aggressive feelings. Minimal punishment and extreme punishment act in a curvilinear fashion, both fostering intensified aggressive feelings (Sears, Maccoby and Levin, 1957).

Acquisition of anxiety.

Apart from seeking to account for feelings of aggression, the abovementioned writers propose the following schema, based on learned reaction to punishment, for the acquisition of anxiety. The young child who is punished for his aggressive behaviour experiences anxiety. If punishment is very frequent generalization takes place and situations which aroused aggressive reactions now also arouse feelings of anxiety; anxiety over the danger of being punished for aggression. Eventually, by a process of conditioning and stimulus generalization, aggression itself, or even accompanying feelings of being angry, becomes sufficient to arouse aggression-anxiety. The child who now behaves aggressively does not find it very satisfying

because of the accompanying guilt, shame or anxiety. He copes with the ensuing anxiety by developing certain techniques for avoiding punishment, namely reducing overt aggression or displacing it. Here anxiety acts as a drive to instigate action which will reduce this anxiety. In this way anxiety may also initiate defensive reactions such as withdrawal or denial. From this concept of anxiety as a learned drive, it can be deduced that a great deal of social learning is mediated by anxiety which arises from loss of love - or material objects, symbolic threats, or as a result of punishment. When anxiety motivates learning of adaptive responses it serves a biologically and psychologically useful function. However, when maladaptive acts are learned, the personality functioning may become disturbed.

Identification.

This process is observed at about three years, when the child's behaviour begins to resemble that of his parents. Identification has its early roots in a pre-established dependency:

"Identification as a process can be traced to the quality of the mother-child relationship, to the mother's efforts in providing gratifying experiences in infancy, and conversely, in the infant's need for his mother" (Maier, 1965, p.169).

The young child experiences the absence of his mother as a psychological threat which motivates him to recreate her satisfying presence by his own actions. He does this by imitating certain need-gratifying actions, previously performed by his nurturant mother; thus he acquires a repertoire of self-gratifying action sequences. The controls over his own behaviour previously administered by his parents now come under his own volition and act as a newly acquired source of gratification while representing an internalization of social rules. These self-initiated imitations expand till later he behaves like his parents, acquiring their mannerisms, beliefs and values.

The learning mechanism involved in the process of identification evolves from the reinforcing effect of the child's own role-playing in repeating the approving words, warnings and reprovings of his parents in response to his own activities. It does not result from trial and error learning nor from explicit child-rearing practices but involves, primarily, the process of imitation. Two important results of identification, which acts as a secondary motivational system, are the emergence of conscience and sex-role learning.

Acquisition of conscience.

Sears suggests that a sense of conscience, an internalization of social rules, is related to two aspects of action, namely the task to be done and obedience for its own sake. In these instances the child's behaviour will be motivated by 'his expectancy of reciprocal affection for behaving according to the expectation of other' (Maier, p.173).

Sex-role learning.

The second consequence of the pervasive effect of identification results in the learning of the appropriate sex-role. For boys, this process offers particular problems as at about the age of four, society demands that they switch their major identificand from their mother to their father. This demands that the father should present a definite, unequivocal model; often not easily accomplished in father-absent families. The learning of male sex-role behaviour has given rise to considerable theoretical speculation. Psychoanalytic theory holds that the boy experiences ambivalence, love and affection for his father coupled with hostility engendered by rivalry for the mother's affection. By identifying with his father he reduces the anxiety engendered by his feelings of hostility. The same mechanism inhibits aggressive impulses toward the father and channels these toward self-aggressive guilt-feelings. Bandura, Ross and Ross (1963), however, explain the process of identification with the aggressor along the principles of reinforcement of imitative behaviour.

Girls, on the other hand, identify earlier and progress more rapidly to more mature forms of behaviour, as their identification process does not undergo this switch of model with its accompanying conflict and anxiety-generating potential. Sears, Rau and Alpert assess the differential acquisition of sex-role behaviour in terms of reward of dependency behaviour as follows: "The general principle may be stated that the strength of the basic feminine personality patterns in girls varies with the amount of rewarded dependency by the mother, while the strength of its infusion into the boy's personality varies with the lack of such reward from the father. We suppose that the girl is in less conflict as to model than the boy" (Baldwin, 1967, p.465).

This increase in identification and development of conscience permit the child to act more true to his own sex-role. Appropriate behaviour becomes rewarded, while the parents serve as social models. For the child's optimal social development, Maier stresses the importance of a balanced modicum of dependency gratification and identification and moderate conscience formation.

2.2.3. Phase III. Secondary Motivational Systems: Extra-Familial Learning.

Beyond the age of six, the child's social activities must meet the challenge of contacts beyond the immediate family circle. With increasing interaction, these extra-familial influences gradually act as the source-stimuli for further social learning.

His dependency behaviour now becomes modified both in manner and intensity. Areas of dependency decrease and persons with whom he enters into a dependent relationship extend to teachers and peers. Patterns of dependency assume the same guise as previously; positive attention seeking becomes manifest in cooperative peer play whereas negative attention seeking presents as exhibitionism and teasing. The school child seeks independence, but this must be balanced by his acceptance of more clearly defined enforced control coupled with a knowledge of his own autonomy.

Identification with the same-sex parent should at this stage be firmly established. This process will assist him in the development of a definite conscience and the acquisition of the values of society and his parents whom he continues to emulate in order to maintain the 'status quo' of gratifying acceptance.

With increasing growth and development, there is accompanying efficiency in actions and communications. For the child, increasingly, gratification stems from social rewards which finally become his incentive for action, replacing the early primary-drive instigation to behaviour.

2.3. THEORETICAL BASIS FOR SELECTING MULTIVARIATE ANALYSIS.

A brief overview of the logical basis of factor analysis, and an outline of certain concepts in personality research based on this method may serve to explicate the position of the Investigator in selecting this statistical method. The mathematical technique will not be described, as this may be readily ascertained elsewhere (Cattell, 1952; and Guilford, 1954).

Eysenck (1953) presents potent arguments in favour of factor analysis, refuting statements of early misconceptions such as: "He who assumes to read more remote verities into the factorial outcome is certainly doomed to disappointment" (Kelley, 1947, p.22). Briefly, factor analysis may be considered as a mathematical procedure which resolves a set of descriptive variables into a smaller number of categories or factors which, in the first instance, have descriptive value. Factor theorists, using large numbers of subjects, obtain many scores from ratings in real-life situations, questionnaires or objective tests covering many different aspects of behaviour. They then resolve these surface indices into underlying factors which account for the variation in the surface variables.

The aims of factor analysis are analogous to those of all statistical enquiry described by Kelley: "The first function of statistics

is to be purely descriptive, and its second function is to enable analysis in harmony with hypothesis, and its third function to suggest by the force of its virgin data, analyses not earlier thought of" (p.22). Eysenck, elaborating on Kelley's third function of a statistic, offers the following definition of a factor: "A factor is a hypothetical causal influence underlying and determining the observed relationships between a set of variables" (p.108). He therefore focuses on its hypothesis-generating and hypothesis-proving value.

In theory building, the satisfactory mastery of the classification methodology is followed by the generation of hypothesis. It is here, both Eysenck and Cattell maintain, that factor analysis has proven its greatest worth. Eysenck writes: "The factorial method, no more than any other, cannot guarantee the correctness of the causal hypotheses suggested by it. Historical evidence reviewed suggests, however, that it is more successful than any alternate method, and that the hypotheses generated by it have proved remarkably accurate when direct experimental tests became possible" (p.113). Cattell (1957), weighing up the value of this technique in research strongly concurs with Eysenck. He views factor analysis as a research tool as important to psychology as the microscope to biology.

Further merits of the multivariate research design over the univariate methods in the field of personality centres on the clinician's awareness of the inadequacy of univariate experimental research techniques with their restrictions of controlled laboratory experiment; experimental demands which cannot be met in studies with humans. The experimenter can never really be sure that he has successfully controlled the distorting influences of the variable which he proposes to hold constant artificially. Furthermore, the concept of examining the variance of patterns as opposed to the variance of single variables holds more potential and offers the research worker more scope. Also, many areas central to psychological enquiry cannot, for ethical reasons, be examined in the laboratory by univariate methods and many complex psychological constructs, such as ego-strength or

anxiety can hardly be covered by postulating a single operationally defined variable.

This technique, too, offers a marked advantage in the field of 'research economy and certainty of inference'. Cattell (1959) describes the results gained from one multivariate research design with thirty variables as yielding $\frac{30 \times 29}{2} = 435$ relationships. This equals the results of 435 univariate experiments at about one-thirtieth the expense. By allowing each parameter to vary over its full range, the investigator ensures a complete picture of interaction and eliminates differences peculiar to selected samples.

A more accurately defined hypothesis may be expected when it is generated from a factor measurement based on several empirically independent variables. Cognisance of these methodological features influenced Cattell to conclude that at the present phase of personality research the multivariate method offers a swifter and more sure approach of isolating significant variables for controlled experimentation.

Some limitation may be inherent in the fact that factor analysis only handles linear relationships and omits time sequences; thus it more readily allows causal inferences to be made in response-response experimental designs. Cattell meets this criticism by pointing out that this technique allows nature to vary 'at will' and then isolates factors which cannot be isolated by physical manipulation.

The factor analytic paradigm was originally aimed at reducing many vectors to a few co-ordinates. Mathematical statisticians accept a reduced number of orthogonal factors which will reproduce the correlation matrix, but psychologists extended the computation by introducing the concepts of communality estimation, that is invention of formulae for standard errors for factors and the concept of unique rotation by simple structure, criterion rotation and parallel profiles. These experimentations have occasionally been rather limp, but Cattell defends his position by showing that rotation by simple structure is capable of revealing the same factor patterns from different independent experimental samples. The concept of rotations is

vital as this extension allows psychological significance to be attached to the extracted factor.

In order to employ observational data in a factor analysis, it must comply with three major assumptions. These assumptions are: firstly, the data should be 'normally' distributed; secondly, linear relations should exist among the variables so that product-moment correlations can be computed and subsequently linearity holds between the factors and the criteria; and, thirdly, the factor functions, whether of the first- or higher orders, are influences which combine additively, rather than by some more complex interaction.

2.4. CATTELL'S PERSONALITY THEORY.

A very brief discussion of Cattell's (1950, 1957, 1959, 1965) approach to personality research has been selected as an example of a personality theory based on quantitative research methods. Though this theory is linked with McDougall's approach and stimulus-response theories of Hull and Spence as well as incorporating psychoanalytic developmental concepts, the predominantly psychometric leanings are evident in his definition of personality as: "that which permits a prediction of what a person will do in a given situation" (1950, p.2). He identifies his approach with a comprehensive emphasis on all aspects of behaviour, both overt and covert.

2.4.1. Basic Concepts.

(i) Trait.

Cattell proposes the concept of 'trait' as a basic element of personality; it is a mental structure, inferred from observed behaviour, which accounts for the regularity and consistency of man's actions. Dynamic traits are related to the setting in which an individual acts, ability traits describe the effectiveness with which an individual attains goals, and temperament traits deal with the individual's constitutional response patterns.

(a) Surface traits: Surface traits are based on behaviour that occurs together and represent clusters of intercorrelated overt variables which may be compared with pheno-type features.

(b) Source traits: Source traits underly surface traits and may be considered analogous to geno-type characteristics. They determine observed behavioural consistencies through particular combinations and may be thought of as intervening variables which account for the multiple surface manifestations.

'Source traits' can only be extracted by factor analysis, and their interpretation rests on a consideration of the set of variables, loading highly positively, negatively and zero, which allows the abstraction of some quality common to all the variables in terms of a hypothetico-deductive experimental sequence.

(ii) Ergs and Metaergs.

An erg represents a dynamic source trait derived from a constitutional source, while a metaerg has an environmental origin. Cattell views the development of personality as the evolution of these ergs and metaergs, coupled with increasing organization of the 'self' through successive learning stages, governed by contiguity and reinforcement principles, within the social milieu. Learning occurs via a series of stages, each involving alternate outcomes or 'crossroads'.

He proposes that behaviour can only be understood after the extraction and identification of a number of motivational factors which he has reduced from its multiplicity into specific metaergs. These metaergs may be subdivided into attitudes, interests and sentiments. He introduces the concept of subsidiation, i.e. interests are in general subsidiary to attitudes which are subsidiary to sentiments which are usually subsidiary to ergs. Many of these are, however, interrelated and this he represents graphically in a 'dynamic' lattice which demonstrates the whole dynamic structure of the person, conscious and unconscious.

Sentiments which are the most stable of the metaergs contain the self-sentiment as their most influential central constituent. Its power rests in its ability to suffuse every aspect of the individual's behaviour particularly arousing feelings of security and self-assertion. In this context he describes two selves: the Real, representing a realistic estimate of the self, and the Ideal, that is the idealistic aspiration of the person.

2.4.2. Theoretical Formulations.

His theoretical presentation of personality springs from both psychoanalysis and learning theory. He stresses the role of reward in addition to his own contribution, which centers primarily on the modification of ergs, elaboration of metaergs, and organization of the self-structure.

The main axioms of his theory may be considered in the following terms:

- (a) Personality represents the totality of behaviour and can be analysed into a number of functional unities or factors;
- (b) These factors interact additively to produce the patterns of observed behaviour;
- (c) There exists an hierarchical arrangement between the factors so that each subsidates a defined area of behaviour, while higher-order factors organize several primaries. This demonstrates that factors are not uncorrelated, but they are independent as they influence independent sets of variables.

2.4.3. Measurement Technique.

Cattell uses three major methods of personality measurement which yield, through factor analysis, three empirically derivated types of source traits. These methods are:

- (a) Observation in real-life situations in which he uses behaviour ratings to obtain L-data.

- (b) Q-data gained from the questionnaire technique.
- (c) T-data obtained from the use of Objective Tests.

His research methodology is founded on a search for source traits in which he employs one of the above methods of personality measurement. By using a stratified sample of variables, he ensures the inclusion of the principle dimensions of personality in his factor analysis. On the basis of his findings, he suggests interpretative hypotheses and then proceeds to construct objective tests which measure these primary factors.

According to the three basic experimental designs, he presents three factor analytic techniques, namely R-technique which correlates the ratings of sets of subjects on a variety of tests, T-technique correlates the scores of one subject on a series of tests, and P-technique correlates the scores of one subject on one test over a series of occasions.

Apart from the above two methods of classification of factors, namely, according to the medium of observation and the experimental design, the taxonomy of factors includes two further categories: (a) modality, covering ability, temperament and motivational aspects, and (b) order, which implies the notion of variable density within the personality sphere.

As the central theme of his model, he proposes the Specification Equation, which may be considered an elaborate stimulus-response formula. It specifically states that the individual's 'whole' personality enters into any specific act. "A multi-dimensional person comes into contact with a multi-dimensional situation, and the result is a response of magnitude peculiar to that individual" (Cattell, 1965, p.81). From this description of the specification equation, the definition including factor loadings naturally follows: he considers it as 'an equation for combining a person's factor endowment scores with factor loadings to estimate a specific performance' (1957, p.900).

This equation, which presumes the experimenter knows the various source traits and the various important situational indices operating in certain situations, allows a prediction of a subject's response in a specific situation. Therefore his research centers on identifying the important source traits and extracting the relevant situational indices, that is the environmental influence in these specific situations so that he may then be in a more confident position to predict behaviour.

Cattell aimed at isolating factors in L-data and, by a systematic introduction of 'marker variables' and employing the other two media of personality assessment, he searched for identical factors in independent samples. At present he has isolated twenty ability factors, thirty general personality factors and fifteen motivational factors.

2.4.4. Critique.

This theoretical approach to personality scores because of its empirical vigour which does not allow theorizing to become dissociated from demonstrable data. In a critique, Hall and Lindzey (1957) state that 'simplicity and explicitness are cardinal virtues of this brand of theory' (p.414). The parsimony of empirically based concepts introduced by factor theorists in a field where experimentation has been at its lowest ebb may well be lauded. Later they continue that: "Whereas most personality theorists have arrived at their conception of the crucial personality variables through a process that is largely intuitive and unspecified, these theorists provide an objective and replicable procedure for the determination of underlying variables" (p.414).

Cattell's main contribution to psychometric personality assessment lies in his demonstrating that the factorial technique of rotation by simple structure has repeatedly yielded unique, replicable, stable factors in diverse samples. He achieved this coherence by establishing an internal validity technique by cross-factorizing in

personality research' (Cattell, 1957, p.vii) may be accepted today in the light of his positive contributions. In the final analysis, though this approach may not ultimately prove the most heuristic, the great emphasis on definition and accuracy of observations must be accepted as a positive step in the science of psychology.

As Cattell's approach represents the most appropriate empirical paradigm available for research with children, his statistical method was accepted as a model in the present study. His theoretical assumptions, however, do not readily account for certain developmental features. Therefore the two developmental theories discussed earlier were included to provide a theoretical basis for the selection of observational variables and the interpretation of dynamics of behaviour and findings in this study.

CHAPTER III

REVIEW OF THE LITERATURE

The selection of studies strictly pertinent to the present investigation has presented a considerable task. Numerous reviews by Roseborough (1953), Mann (1959) and Wright (1960), as well as published works by Hare (1962) and Hare, Borgatta and Bales (1965) document very many studies of face-to-face groups, either experimentally organized or occurring naturally. In these studies individuals are observed, group processes are scrutinised, different authority relationships external to the group are examined, cultural and situational variables are manipulated and, particularly, leadership behaviour is studied intensively. The literature covering these varied aspects of small group behaviour is necessarily vast as there is a marked trend in current American social research toward the study of the primary group (Shils, 1957).

It was therefore decided to confine this review to a few aspects central to the research design. Studies selected for discussion include: firstly, those dealing with small groups purposefully created for yielding general diagnostic material; secondly, studies which illustrate small group research methods; and, thirdly, studies which demonstrate specific aspects of peer-interaction.

3.1. STUDIES OF SMALL GROUPS CREATED FOR DIAGNOSTIC PURPOSES.

One of the earliest references in this field is an address, "Diagnostic Group Work", delivered by Redl (1944) in which he defined the main indications, advantages, limitations and problems of diagnostic observation of small groups. The "Detroit Group Project" was purposefully created to assist experienced group leaders in obtaining group-originated diagnostic data which would enable them to devise more effective therapeutic programmes. The original concept of these diagnostic group observations emanated from a local puppet club organized by Selma Horwitz.

The subjects were emotionally disturbed boys and girls, aged eight to fifteen, who were constituted into nine-member groups which met at weekly intervals. Individual and group activities were observed in detail and, together with additional diagnostic material from referral agencies, these data were integrated in the planning of future group programmes in accordance with the needs of the members.

Redl's finding, which led him to conclude that this technique held definite value as an additional diagnostic and research device in the assessment of disturbed interpersonal behaviour, is implicit in the following statement: "It allows more flexibility for the diagnostic purpose than do groups with other goals, and it offers opportunity for more sharply focused research on technical items" (p.66).

The more urgent demands arising from World War II appear to have stifled research in this promising childhood field. Group observations became confined to adult behaviour, particularly toward recognizing leadership qualities and a search for competent combat men. Later, group work was harnessed to the task of dealing with the vast psychiatric aftermath of the war. Pertinent adult observational group studies from this immediate post-war period will be briefly discussed.

The work of Kelly and Fiske (1951) reflects the use of group observation in a very fascinating manner. Their assessment programme of trainee clinical psychologists, which took place in 1947 and 1948, included, apart from a large range of psychological tests, a series of 'standard' situations for observing the candidate 'in action'. Three kinds of situational tests were devised: group situations with four to eight members participating in group discussions and problem-solving tasks; dyadic interactions in which two members discussed ambiguously structured cue material and, finally, candidates were asked to express emotions portrayed in poetry and words by facial and bodily gestures. Following this,

candidates completed a sociometric questionnaire and submitted character sketches about their team-mates.

In their assessment of observed behaviour, Kelly and Fiske rated candidates on the following quantitative scales in accordance with a pre-determined distribution of scores arranged to yield a 'normal' curve:

Scale A, devised with the aid of Cattell on the basis of his factor studies, contained twenty-two descriptive variables covering the subjects' overt behaviour. Such items as co-operativeness, consistency, gregariousness, assertiveness, mood, interest, degree of cognitive flexibility, level of anxiety and independence were rated.

Scale B variables were not readily observable but had to be inferred and provided 'evaluative judgements of broader underlying variables'. Ten variables included such qualities as ability to develop and maintain warm interpersonal relationships, social and sexual adjustment, intensity and appropriateness of emotional expression, motivation for professional status, scientific understanding of people, insight into self and others, and quality of intellectual accomplishments.

Scale C covered predictive judgement after five years. It represented a job-analysis of the profession of clinical psychologists, including eleven criterion skills.

Their findings showed that observation techniques did have some predictive value, but correlations of observational ratings with those obtained four years later on the trainee's clinical and research competence rarely exceeded .20. Various facts may account for this poor correlation. The limited range of the candidates' ability and the unreliability of the ratings by clinical supervisors have been suggested (Kleinmuntz, 1967), but possibly the most significant feature might be the marked discrepancy between the observed situations and the task-setting in which the trainees were later assessed.

of reducing the waiting period as patients could be treated in these groups prior to being placed in individual- or group-therapy.

Observing patients handle their interpersonal relationships in these groups could help clinicians formulate the ultimate composition of therapy groups while valuable time would be saved as only those patients who persisted in diagnostic groups would be fully investigated. The research design included the admission of new members to existing groups, thus permitting observations of behaviour of patients as 'new comers' or 'old-timers'.

Groups, which consisted of both male and female patients, met once a week, in hourly sessions, for four to eight weeks. Verbal and non-verbal expressions were observed by trained observers and conversations were recorded electrically. Only the behavioural dimension of dominance-dependence was rated as this parameter was considered to influence behaviour in therapy groups while nevertheless accepted as an inherent personality feature. The findings support the hypothesis that characteristic patterns of behaviour could be reliably identified by observations in diagnostic groups. A pertinent conclusion which they reached was that diagnostic groups held potential value both in the research field and as a method for dealing with very long waiting-lists.

Impetus for further research in this field was taken over by a discipline closely related to psychology, namely Social Group Work. Cartwright and Zander (1953) stressed that the profession of social group work was one of the earliest to recognize explicitly that groups could be manipulated to bring about desired changes in members. These workers realized, in their daily contact with groups, that group interaction wrought important changes in individual behaviour and attitudes. Most of the subsequent publications quoted in this section of the review will be linked to this discipline.

The common meeting ground of these two behavioural sciences was at first the psychiatric hospital Fisher (1949), Professor of

Group Work at the Western Reserve University, presented an address outlining the contribution of Group Work in psychiatric hospitals.

Three years earlier group workers had entered the psychiatric wards as therapists for the first time. Coyle (1959), in a discussion of the role of group work in the psychiatric setting up to the time of publication, presented the following problem tasks which future social workers would have to master:

- (a) Define an integrative approach to personality theories and group dynamics;
- (b) Establish the ideal composition of psychiatric groups;
- (c) Determine the nature of diagnostic data most helpful to the psychiatrist and, finally,
- (d) Coordinate the group worker's role in the psychiatric wards.

It was only with Churchill's perceptive publications that group work interest shifted from the psychiatric to the child guidance clinic. In a very insightful article outlining the role of the social group worker as a therapist, she proposed that the group worker aims at establishing a warm relationship with the child, analysing his unconscious motivations and thereupon interpreting his behaviour at the ego-level. In the clinic, the group worker consults with a diagnostic team consisting of a social case-worker, a psychiatrist and a clinical psychologist (Churchill, 1959).

She suggested the notion of prestructuring programmes for therapeutic groups along the lines of ego-support as suggested by Redl and Wineman (1952). Group activities which were moulded in line with experiences gained during previous meetings and in keeping with the needs of group members, were aimed at constructing a network of 'anticipated, specific roles', while encouraging positive group interaction. A visit to a museum was suggested as a situation demanding high levels of conformity and proved very informative, particularly in the diagnostic opportunities which it offered: "First, it shows how well gains made within the protection of the clinic stand up outside and allows more adequate future protective structuring;

second, it reveals new problem areas in social behaviour which may only become evident as other problems are mastered; third, it brings unexpressed concerns into the open" (p.55). Here is seen the nucleus of her later article which viewed group processes not only for their therapeutic purposes but also fully acknowledged their diagnostic potentialities.

Increased interest in psychodynamics and diagnosis in social group work is illustrated by two further publications; Ostrower (1962) conceptualized the three aspects, study, diagnosis and treatment in social group work as a single structural entity, while Kadushin (1963) greatly deprecated the tendency of social workers to use vague generalities and descriptions of modal behavioural characteristics of groups as these did not provide any specific diagnostic case material.

Ganter and Polansky (1964), also hailing from the Western Reserve University, after considerable experience in the field of group observation, proposed diagnostic group meetings as essential for gathering group-relevant aspects of personality and for augmenting knowledge of previous peer relationships. In order to validate their position they describe a study in which children, arranged in diagnostic groups of four to seven, met for three or four one-hour sessions. Through a play medium, group members were encouraged to discuss their problems and reasons for attending the child guidance centre. The role of the centre in helping them to cope with their problems was clarified by the social group worker whilst she observed the children in action.

Ratings of observable behaviour within the group setting were obtained. Subsequently some of the observed children were referred for individual treatment and continued in therapy for a minimum of four months. At the end of the therapy period the case workers rated the children on a series of scales relevant to accessibility to treatment. These writers hypothesised that, if initial group observations correlated significantly with 'accessibility' ratings after four months, this would strongly support the diagnostic value of the brief-exposure groups.

Subjects were 135 children, aged six to twelve years, who were observed by trained group workers. The following ten dimensions, each along a three-point scale, were selected on the grounds of their relevance to predicting accessibility to therapy and practicability for observation within the group milieu:

- (a) Extent of verbalization of problems in group;
- (b) Verbal receptivity to others who talked about unpleasant feelings;
- (c) Verbalized identification of the clinic's purpose;
- (d) Direction of response to other children;
- (e) Flexibility of response to other children;
- (f) Motor activity trend;
- (g) Sustained activity span;
- (h) Response to external controls imposed by the group worker;
- (i) Dependence on the group worker;
- (j) Apparent attractiveness (valence) of the group worker for the child (Ganter, 1961).

After a minimum period of four months in therapy the children were rated for accessibility to treatment on the basis of the following four behavioural patterns: capacity for self observation (insight); motivation to change; degree of trust in the worker; and freedom to communicate feelings, that is verbal accessibility. According to their scores on these four variables, the sample was divided into High and Low Accessible children.

The scores and the diagnostic group observation ratings of the same subject were compared for significance and the results showed that five of the ten dimensions of group observations related significantly to accessibility to individual treatment, thus proving the potential value of the diagnostic group for purposes of assessing treatability. The most efficient personality dimensions derived from the group observation proved to be the child's ability to verbalize the purpose of the clinic and the reason for his attendance (b and c) and his sustained activity span (g). These personality facets, they suggest, present an index of mature ego-integration. This study

illustrates an excellent application of the group observation diagnostic technique. Unfortunately these authors do not elaborate on the play activities engaged in by their groups, information which may be of considerable value in subsequent research designs.

Churchill (1965) published an article in the psychological literature suggesting that partially controlled group activities offered clinical psychologists a new and valuable diagnostic tool. This fascinating article directly instigated preliminary experimentation at the University of Cape Town in 1965 and subsequently led to the present and other related investigations (Maier, 1968).

Churchill's groups of six same-sex children met on four occasions where planned activities ensured that each 'child was exposed to specific emotional and social tasks and stresses' (p.584). At the first meeting the purpose of the group and the reasons for members' attendance at the clinic were discussed. Personal problems and fantasies about the clinic and group experience were exposed and interpreted by the group worker. A table game was arranged to give the children opportunities for group activity as well as providing the reserved or withdrawn child with 'channels for constructive isolation'.

Greater peer interaction was expected during the second meeting where the children shared equipment and participated in group games. The activities, though structured in principle, were flexible in meeting the needs of the individuals as evaluated during the previous meeting. Here Churchill justified the title 'diagnostic tool', as the procedure contained considerable versatility.

During the third meeting the children formed an activity group in which their ability to cope in a community setting beyond the protected confines of the clinic was assessed. The final meeting further illustrated the great potential flexibility of this method. Before this session the clinic's diagnostic team corroborated and, in the light of the observed data, suggested areas which needed diagnostic clarification and accordingly planned the activities of the fourth meeting.

Churchill worked in a clinical and not in a research setting, therefore her diagnostic technique was particularly cued toward observing disturbed children whose problems were mainly in the peer relationship area. That observations were focused on individual behaviour in a group milieu as opposed to group processes is clear from her definition of the task of the group worker: "His responsibility is to evaluate social functioning behaviour, and to differentially assess the adaptability of the disturbed behaviour, the clarity of reality-based reactions, the social hunger and the motivation for change. The group worker attempts to learn the nature of the social situations which cause a child to become less anxious or more symptomatic" (P.586). She expertly illustrates these statements with case reports of an eight-year-old girl and a ten-year old boy, demonstrating the interwoven matrix of peer relationships, reactions to stress situations and overt behavioural patterns.

A very noteworthy recent publication on theoretical implications of group work practice (Vinter, 1967) touches on many important aspects central to the present investigation. Six papers, prepared at the School of Social Work, University of Michigan, are combined into a preliminary text which illustrates their 'problem-oriented approach' to group work practice. In the first chapter, Vinter outlines the theoretical concepts which underly the practice of social group work with clients who exhibit 'socially relevant problems through their performance in conventional social roles' (p.2).

His first basic assumption is that problem behaviour originates and is maintained in an interactional setting. It is social in nature but originates both from individual predispositions and the social situation. On this basis he proposes a treatment group as 'a small social system whose influences can be planfully guided to modify client behaviour' (p.4), in other words the group serves as the medium in which peer interactions and influences help the group worker to modify clients' attitudes. The 'helping practitioner' stems, by direct and active intervention, the social forces which maintain the

clients' deviant role performances and deliberate, discriminative intervention is presented as the optimal role played by the group worker.

In the next chapter, the concept of the treatment sequence, which encompasses four stages from intake through diagnosis and treatment planning, through group composition and formation, through group development finally to reach the evaluation or termination stage is presented. During these stages Vinter suggests various strategies for intervention in concise and theoretically-based writing and expertly demonstrates his deep understanding of problems of group composition and dynamics as pertaining to this field.

It is however Chapter III, "Diagnosis in Group Work", by Sarri, Galinsky, Glasser, Siegel and Vinter, which holds the greatest promise in providing new ways of conceptualizing clinical diagnosis as traditionally understood in the child guidance clinic. Their main thesis is that diagnosis and treatment are so intimately related that they can be accepted as elements of a single process, beginning on first encounter and ending when attendance at the clinic is terminated. Their previously stated strategem of a problem oriented approach forms the structural bulwark of this chapter in which they consistently advocate restricting diagnostic observations and recommendations to available helping resources.

This person-in-the situation approach presents the optimum aim of understanding an individual with a problem in a specific environment. The diagnostic statement which is formulated reflects the problems of the client and the manner in which both environmental and personality factors contribute to these problems. The group worker continues to gather diagnostic data from any relevant source throughout his contact with the client. Thus, the diagnostic process is a 'dynamic and continuing process throughout the treatment sequence' (p.43). It allows programming of the appropriate helping process based on the group worker's diagnostic statement which is the product of the diagnostic process.

The theoretical stand of these workers is rooted in role theory as they propose viewing the client's problems in terms of the social roles which he has to play. Once the problem area is identified, further investigation leads to isolation of selected aspects of the client's social role where he is failing to cope. From here, by eliminating the obstacles, he can be helped to enhance his role performance with resultant greater adequacy in social functioning. In defining the shortcomings of social role performance, these writers suggest that the group worker has the distinctive diagnostic advantage of observing the client in the treatment group where he interacts with peers while in the presence of an adult. This is of significance as the group worker is given the opportunity of observing individual behavioural sequences in 'a context that more closely approximates some of the client's usual social situations' (p.47).

They propose three diagnostic statements representing three successive steps during the treatment sequence. The Preliminary diagnosis is based on 'intake' material while the Working Diagnostic Statement represents an integration of all the diagnostic data gathered by the group worker. On discharge a Terminal Diagnostic Statement is formulated which is equivalent to an evaluatory statement. They support this approach by presenting clearly defined categories of data which must be synthesized to supply these diagnostic statements. These categories are of three kinds: Personal and Social facts, Group observational data and Personality characteristics. Closest to the present study is the group observational data which covers information about the client's attitude toward the group, his position within the group structure, the extent of his participation in group activities and his relationship with the group worker.

In Chapter IV Sarri and Galinsky present a conceptual framework for viewing group development. These group developmental changes determine the specific policies for intervention by the group worker. They suggest seven phases, namely: Origin, Formative, Intermediate I, Revision, Intermediate II, Maturation and Termination phases. Only the first three phases, which are considered relevant to the groups observed in the present study, will be discussed.

The origin phase defines certain important variables which influence subsequent group processes. The most important aspects to be noted are size, members' personalities, initial attitudes and the situation of the group meetings. The group worker determines the goals of the group in accordance with the needs of the members, establishes initial individual relationships and plans the meetings. He aims at enhancing the members' search for common grounds and thus increases their attraction to the group.

The following Formative phase represents a strengthening of interpersonal relations as greater group cohesion results and activities become more goal-directed. Specialized roles emerge with a dichotomy of social and emotional leadership. Subgroups form and gradually social control mechanisms begin to emerge while the group worker becomes involved in the task of creating a viable and cohesive group. During Intermediate Phase I the group worker uses his most powerful tool, that is his opportunity to plan activities of the group along lines of predetermined norms and roles. Within their theoretical framework, which states that: "The program activities must implicitly underline the problem-oriented focus of the group" (p.87), the diagnostic overtones are all apparent, but during later phases of group development they widen their approach to include therapeutic aims as well.

Chapter V provides a neat and concise method for analysing group activities into activity-settings and respondent behaviour. Activity settings are described in terms of six dimensions which allow predictions of respondent behaviours. This schematic analysis supports the concept that programme planning may serve as a tool in therapeutic group work as Vinter shows the varied respondent behaviours which may be expected in a systematic examination of two different activities, arts and crafts work and swimming. He also suggests, in principle, how to modify certain stimulus features so that different responses will emerge.

In the final Chapter Vinter and Galinsky discuss changes wrought in therapy groups. When considering the reciprocal influences of the social environment on the group, the power of the

group processes in enhancing the efficiency of social-role performance again becomes central to the discussion. Many useful suggestions are made for 'boundary-spanning activities' whereas outside negotiations demonstrating the underlying rationale of 'active confrontation and engagement with the social environment' (p. 120) are concretely structured. As their final test for client recovery they demand adequate social role performance, that is transferring to society at large the improved social functioning acquired within the protected group medium.

3.2. STUDIES ILLUSTRATING RESEARCH TECHNIQUES IN OBSERVATION OF PERSONS IN SMALL GROUPS.

In an early paper Jersild and Meigs (1939) discuss direct observation of children as a research technique and provide an extensive bibliography covering mechanisms of recording, units of behaviour, length of observation periods and problems relating to the observer and the sample. Later publications by Heyns and Zander (1953) and Hare (1962) also deal very extensively with the methodological and theoretical issues which must be resolved in devising an observational scheme for group behaviour. Important issues which they raise are recording methods, frame of reference, size of the unit to be recorded and sampling methods. The aim of this section is not to reproduce the methodological writings of these authors but to provide a cursory outline of representative studies which will create a functional framework for viewing the method of recording, coding and rating adopted in the present study.

Wright (1960) describes a variety of direct observational techniques which includes recording and analysing behaviour and events in naturally occurring group situations. Although his review is confined to 'natural groups' as opposed to experimentally created groups, the problems of recording spontaneous on-going behaviour are equally relevant. He distinguishes between various observational techniques, each closely tied to the nature of the observed data and the experimental design of the study:

- (a) Open methods, such as diary or specimen description, permit observation of diverse phenomena. These are global observations and describe daily occurrences or continuous behavioural sequences of one selected subject.
- (b) Closed methods such as time sampling, event sampling and trait rating describe techniques where rather uniform and sharply defined phenomena in group interaction are observed.
- (c) Field unit analysis is confined to observation of successive behaviour units of selected variables of behaviour or situations or both. It is considered both open and closed in some respects.

Only closed methods and field unit analysis will be considered as the open methods of observation are not applicable to group studies. In selecting studies which illustrate specific group observational techniques, those with 'systematic' aims, where relationships between group behaviour and universal behavioural phenomena are examined, and idiographic studies where diagnostic purposes form the core of the investigation, will be particularly cited.

Though one may wish to record all group behaviour fully, certain circumstances arise which permit recording of only a representational sample of behaviour. These conditions, which may arise either singly or in any combination, occur when groups are too large or there are too many social interactions or groups meet for too long a period. Three recording techniques, time sampling, event sampling and trait rating, which have been devised to overcome these methodological hurdles, will be critically discussed.

3.2.1. Time Sampling.

Time sampling describes a research method where selected aspects of behaviour are observed for standardized periods of time, comprising approximately one to five minutes, spaced at precisely defined time intervals. The observers are usually provided with selected descriptive categories of behaviour which allow quick and precise on-the-spot judgements,

though in some studies narrative records may replace this classified recording procedure. This method assumes that, by recording events during standardized time units, a comprehensive description of all the behavioural events will emerge and the length and spacing of observations will ensure representative sampling of the specific behaviour.

Interestingly enough one of the earliest time sampling studies, which set out to achieve objective and quantitative results in an observational setting, was undertaken in the field of Child Psychology. Goodenough (1930) described an observational study of interrelationship in the behaviour of young children. Thirty-three nursery-school children were observed by trained observers who secured 25 one-minute samples of behaviour for each subject; each of these observations was made on a different day and no two persons observed one child simultaneously. In this study leadership behaviour was positively related to physical activity, talkativeness, laughter and social participation.

In another early study investigating social participation, Parten (1932, 1933) also used a time sampling technique in observing nursery-school children at play. She coded and recorded behaviour narratively in her timed observations. Her conclusions that the reactions of children are more or less spontaneous, overt and therefore perceptible to investigators have generally proved prophetic as shown by the numerous observational studies in the preschool age group. Thomas, Loomis and Arrington (1933) also described extensive use of the time sampling method in large scale observational studies of social behaviour.

A study by Lippitt, Polansky and Rosen (1952) demonstrates the use of time sampling in a systematic framework. They investigated the relationship between power and social behaviour in sixteen groups of children in an attempt to formulate a theory of social power in face-to-face groups. This study illustrates a method where time sampling and independent measures of specific environmental properties are co-ordinated in order to define relationships between

situational factors and naturally occurring social behaviour.

Three observers, using pre-categorized data sheets, each observed one group during all its camp activities on one day.

Whenever three members of a cabin-group interacted, the following data were recorded according to the time intervals indicated:

" 1. Observation of contagion and direct influence	15 minutes;
2. Rest period for observer	5 minutes;
3. Observation of contagion and behavior indicators ..	10 minutes;
4. Rest period for observer	1 minute;
5. Observation of total activity of one child	2 minutes;
6. Rest period for observer	1 minute;
7. Observation of total activity of second child	2 minutes"
	(p.42).

These observations led to an index of social influence.

Observational data were supplemented by sociometric measures which represented an index of attributed power for each boy. These indices stemmed from the following peer-rated variables: athletic ability, independence of adults, ideas for fun, sex sophistication and independence. Correlations of the sociometric power measures with the observational scores on social influence demonstrated that group members were more likely to imitate the behaviour of those to whom they attributed high power while members with high attributed power instigated more attempts at social influence than did members with lesser status.

Wright (1960) analysed six sets of time sampling studies which span about twenty-five years of research. In each study he indicates the recording technique, statistical analysis and results and illustrates the efficiency and comprehensiveness of this technique.

Evaluation of Time Sampling technique.

An essential pre-requisite for obtaining optimal results in time sampling studies is the necessity for making definite hypotheses about the observed behaviour. In fact, Heyns and Zander (1953) warn

against using any sampling procedure unless the selection of observed behaviour is soundly integrated within a guiding theoretical matrix.

The characteristic features of time sampling quoted below clearly illustrate its value as an observational technique: "It limits with exactitude observed contents as well as temporal lengths of the behaviour stream. It permits systematic control by selection of phenomena to be observed and studied. It insures representativeness and reliability by recording large numbers of commensurable observations" (Wright, p.99). Patent advantages of so rigorously defined an observational scheme are the reliability, high level of inter-observer agreement and the minimizing of idiosyncratic judgments; in fact, it represents a standardized measuring instrument. It offers the research worker a technique which is neither time-consuming nor laborious.

On the other side of the coin, what are the criticisms or disadvantages of the time sampling method? By observing behaviour only at specified time intervals, much that is important may be missed during the unobserved period, thus casting doubt on the representativeness of the data. Wright describes this aptly: "The typical time sampling schedule is a series of far-between flashes on a behaviour stream that otherwise flows in the dark" (p.98). Therefore only events which occur frequently are efficiently served by this method.

In situations where antecedent-consequent relationships are central to the study, psychological meaningfulness of the behaviour too might be lost in time sampling as this technique fragments behaviour, disrupting it from its relevant context. Results are presented in the form of 'incidents' therefore the richness of the subject's actions in relation to the situation and nuances of change are frequently masked. Time sampling therefore precludes the recording of a full sequence of behaviour such as overtures to friendship culminating in reciprocal liking and later flowing into leader-follower relationship.

3.2.2. Event Sampling.

The method of recording demands selecting behavioural events to be observed to the exclusion of other behaviour. The observer preselects an integrated behavioural sequence which he records fully, such as a children's quarrel, sympathetic behaviour, or toilet training and other child-training procedures as described in cross-cultural studies. Here the target for observation is an integral unit of behaviour within its stimulus-response setting.

As in time sampling, the observer has a defined method of recording with check lists and category sets. This is however not invariable as illustrated by Murphy's (1943) study where she described sympathetic behaviour of preschool children in everyday language.

Dawe (1934) observed the occurrence of quarrels between preschool children in their natural nursery-school setting. She unobtrusively watched their play-activities and when a quarrel started she timed and narratively described the entire event. In addition she entered specific data on prepared forms. Typical entries covered physical features of the participants, cause of, and activities before the quarrel, details about aggressor and retaliator, motor and verbal activities and the final outcome and after effects. The conclusions of this study which were very interesting and of considerable value aimed at presenting systematic, empirical generalizations of behaviour within its ecological setting. In a critical review of Dawe's study Wright states: "Here are data gathered by recording unitary behavioural events as they happen, one by one, in the naturally occurring behaviour streams of children; and it is submitted that these data are splendidly intelligible and useful" (p.105).

Evaluation of Event Sampling:

Event sampling has proved to have adequate inter-observer agreement and its advantages can best be described by quoting Wright's summing up: "Perhaps the most distinctive good point of event sampling is that it structures the field of observation into

natural units of behaviour and situation.... These advantages amount essentially to a fair chance to study relationships between behaviour and its co-existing conditions" (p.107).

The most important practical implication of event sampling is its flexibility as a method for observing behavioural phenomena which occur only infrequently and can be recorded by adults who are present during the time of these events. However, its limitations too are contained within this structure as the method implies singling out certain actions, thus breaking the continuity of the total behavioural stream. To isolate certain events in a group observational study would generally detract from the kaleidoscopic richness and complexity of interpeer behaviour. In this context event sampling may prove too confined a technique.

3.2.3. Trait Rating.

The operative technique in this method is the translation of observations, made on one or many occasions, into a battery or scale; each rating amounts to a statement which summarizes and integrates cumulative direct observations. The final result is more in the nature of an assessment of individual personality than a description of behaviour.

The work of Richards and Simons (1941), in which thirty scales of nursery-school behaviour were devised, may be cited as an example of trait rating directly relevant to the present study. These scales were found to retain their reliability when subsequently applied in a two-week observational study of six to ten-year-old children at summer camps. Later these traits were constituted into the Fels Child Behavioural Scales which cover phenomena such as aggressiveness, conformity, emotional control, excitability and social apprehensiveness.

Cattell and associates have frequently relied on a trait rating technique for quantifying observations in life situations in

their empirical studies aimed at demonstrating a structural model of personality. Cattell and Gruen (1953) described a study in which personality features of 173 children were examined. They rigorously defined their rating technique to increase the reliability of their findings:

- (a) Rated behaviour should be defined by behavioural incidents.
- (b) Each person should be rated by at least three people who have lived in the same residential unit for at least six months.
- (c) Ratings should be made on one trait at a time, as opposed to one person, and
- (d) Rater should be a peer of the subject.

They selected thirty bipolar traits on the basis of which raters were asked to assign approximately half of their cottage peers to the medium category and divide the remaining half into high and low categories. This data was subsequently factor analysed.

Cattell and Coan (1957a) published a personality study of six to eight-year-olds. 198 Subjects were rated on thirty-eight traits by their teachers, who were given the following specific instructions on rating procedure. The eight highest and eight lowest children, exhibiting the trait, had to be identified. From these the two most striking examples in each category had to be separated and constituted the extreme categories while the rest of the unrated subjects constituted the middle category. In this manner an approximation to a normal distribution was achieved. The trait list was constructed to cover those aspects of personality which could reasonably be rated and areas in which problem behaviour generally arose. The data from this study was subsequently subjected to a factor analysis and eleven factors resembling those found in older subjects were isolated.

Digman (1963) investigated the personality structure of first- and second-grade Hawaiian children who were rated by four

teachers using the same list of traits as Cattell and Coan. The scaling procedure entailed classifying the subjects, according to the extent of their exhibiting the trait, into one of nine successive categories so that a 'normal' frequency distribution would result. In a statistical analysis he extracted eleven factors which were considered in close agreement with other factor studies of both adults and children.

An adult leadership study using the technique of trait rating and minute categorization of observed behaviour in small groups was carried out by Carter, Haythorn, Meirowitz and Lanzetta (1951a). They found both methods yielded reliable results and present empirical data to support their contention that small group behaviour may be validly assessed by observation. In their recording technique they introduced a modified stenograph machine (1951b) which they found infinitely preferable to electrical recording.

Evaluation of trait rating.

Guilford's (1954) discussion of rating scales in a descriptive and critical vein focus sharply on specific errors which must be guarded against as they constantly arise in rating techniques and he proposes various concrete methods for correcting or preventing these shortcomings. These are errors of leniency, central tendency, halo effect, logical error in rating, contrast errors and proximity errors. Generally, results from rating scales compare very favourably with those from other methods, but they do vary according to the amount of inference necessary for the trait to be rated. This method, concludes Guilford, 'promises to find a welcome use for many years to come' (p.298). Guilford draws various conclusions with regard to the character of raters and provides valuable suggestions for selecting and describing traits. Trait ratings generally achieve high inter-rater reliability scores and they are best suited for rating continuous behaviour units of selected dimensions of behaviour. A definite advantage of this technique

is that it also allows for ready statistical manipulation, though strictly speaking data must be accepted as only on an ordinal scale.

Holt (1965) and Loevinger (1965), though aware of the potential usefulness of trait rating, caution against the indiscriminate and naive use of this technique. They also make many very useful suggestions for increased sophistication and greater reliability, particularly the elimination of various 'response' sets of social desirability, acquiescence and 'extremes' set.

3.2.4. Field Unit Analysis.

Field unit analysis describes an observational technique in which the recording of the behavioural sequence is divided into consecutive units in the field in accordance with definite rules; subsequently the phenomena of each unit are classified into descriptive categories.

Wright (1967) reviews an ecological study of MIDWEST children conducted with Barker in 1955, in which he described the technique of recording the stream of behaviour of a child by following him for twenty to thirty minutes in his natural habitat. This technique resembles specimen description except that the child's behaviour is divided into defined episodes. Recording takes the form of noting time-periods and jotting down phrases which show structural relations and the sequential significance of behaviour. Subsequently the observer translates this data into categories describing behaviour and the situation. In this study Barker and Wright compare the social behaviour of eight-Midwest children - two to ten years old - with that of four disabled children from neighbouring areas. In transcribing this type of data into a field unit scheme Wright (1960) suggests re-analysing the recorded data into Association units, which is a descriptive term denoting social interaction of a subject and others. Units differ in size (number of persons) and composition (age and sex) and social action (for instance aggressive or nurturant). Though this psycho-social unit

of behaviour analysis is applicable to on-the-spot categorization of naturally occurring social behaviour of individuals, more research is necessary for greater refinement of these units.

Bishop (1965) devised an interesting field unit scoring technique in a study which sought to isolate the important factors in the interactive relationship between mother and child in terms of social-learning theory. Though the observations were of five-second periods, thus a time sampling study, they were consecutive and the recorded observations include sequential and complete units of social interaction between mother and child in a play setting. Eleven categories which refer to adult behaviour were: lack of contact, interactive play, praising, directing, co-operation and non-co-operation, structurizing, criticizing, teaching, helping and interfering.

The child's behaviour was similarly classified into the following descriptive categories: bids for attention, physical proximity and praise, criticizing, co-operation and non-co-operation, affection, directing, interfering, indications of anxiety, asking for information, permission and help.

She planned four observation periods, each lasting for thirty minutes. On two occasions the child interacted with his mother and on the other two occasions he played with a neutral adult. During five-second intervals the observer recorded symbols representing categories for both mother and child. These field protocols revealed complete cycles or units of interaction, reflecting stimulus-response relationships. This study may possibly have been more valuable without the five-second interval recording periods, in which case each categorized action would be timed as it occurred.

Evaluation of field unit analysis.

An important methodological advantage of this technique is high observer agreement. Valuable data on sequences and

frequencies of behaviour and casual-relationships may also emerge. In addition, this technique provides a tool for scanning 'systematically the continuous social behaviour' stream of a child (Wright, 1960, p.112).

The unitizing of behavioural items is a technique best suited to a one-to-one interaction and the great detail of categorizing of actions makes this an impossible technique for observing many members interacting in a small group.

3.2.5. Category Systems.

Thompson's (1960) survey of research studies dealing with various features of group functioning describes such dimensions as cohesiveness, group pressures, leadership and group structure, all of which refer to psychologically functioning groups and are strictly speaking beyond the scope of this investigation. Studies such as those by Hemphill and Westie (1950) also describe category systems for use in probing relations between behaviour of leaders and characteristics of the groups in which they function but as these scales refer solely to group dimensions such as flexibility, homogeneity and permeability, they too were not considered pertinent to the present study. Of more relevant interest is analysis of studies which define systems of categorization for recording and comparing behaviour of individuals in social settings. Heyns and Zander, (1953), in an excellent article, present the research advantages and limitations which category systems offer in group observation. Much of their valuable methodological advice was followed in the present research design.

Freedman, Leary, Ossorio and Coffey (1951) describe personality in terms of interpersonal dimensions. This work, which was later expanded at the Kaiser Foundation Psychology Research Centre by Leary (1957), focused mainly on the dynamic process in Psychotherapy. The aim in devising this category system was to 'predict what will happen in therapy and to measure change in personality structure during and after therapy' (p.xvii). This

interpersonal categorization technique has been used extensively by subsequent workers (Rausch, Dittman, Taylor, 1959).

Essentially, Leary's is a pragmatic approach as he accepts: "Interpersonal behaviour as the aspect of personality that is most functionally relevant to the clinician" (p.12) while he views maladjustments as distorted relationships with others, a view which mirrors the approaches of Erikson and Sullivan. The basic hypothesis in this clinical approach is integrated in the following statement: "Personality is the multilevel pattern of interpersonal responses (overt, conscious or private) expressed by the individual. Interpersonal behaviour is aimed at reducing anxiety. All the social, emotional, interpersonal activities of an individual can be understood as attempts to avoid anxiety or to establish and maintain self-esteem" (p.15).

Leary constructed his thematic model by selecting a wide variety of raw interpersonal data from verbal protocols of normal and deviant persons in psychiatric and non-psychiatric group-settings. Thousands of specific reliable molecular measurements were categorized into sixteen variables which had to conform to the following four criteria: they must be capable of systematic inter-relationship, they must possess interpersonal reference, they must encompass both normal and abnormal behaviour and they must be operationally defined. He found the interpersonal trends of his variables had some reference to either a power or an affiliating dimension: "When dominance-submission was taken as the vertical axis and hostility-affiliation as the horizontal, all the other generic interpersonal factors could be expressed as combinations of these four nodal points" (p.64). He presented this on a circular continuum, DIAGRAM I (opposite), where additional concentric circles represent qualitative aspects of the variable. The inner layer represents adaptive behaviour, the middle layer reciprocal behaviour and the outer layer non-adaptive abnormal behavioural variables.

He devised a profile and diagnostic report in which he considered the patient's motivation for treatment and then he presented a prognostic diagnosis, particularly suggesting the type of behaviour which will appear during therapy, the duration of therapy and the nature of the intrapsychic conflicts. The total personality profile mapped out areas of anxiety, coping methods and transference phenomena which would be evoked during psychotherapy. Mathematical computation allowed patterns of scores on the sixteen variables to be translated into numerical indices which located behaviour on a diagnostic grid so that comparison of changes in behaviour after psychotherapy could be made.

Factor analysis applied to Leary's classification may be of considerable value in furthering our understanding of the person's self-concept. However, he does not indicate clearly how the individual profiles are assembled, how the various source data are combined nor does he offer evidence of whether scores are subjective or replicable. Furthermore, though continually discussing total personality, he purposefully ignores such important variables as intelligence, interests, attitudes, and energy level and deals exclusively with verbal protocols.

Bales (1950) proposed an analysis of group discussion in terms of twelve categories, six task and six social-emotional dimensions. These categories were designed in problem-solving situations in small discussion groups. He coded each communicative act on its predominant content into the following categories: positive and negative reactions, problem-solving attempts and questions. Bales' categories, which only cover an analysis of verbal communication, are too confined for purposes of analysing activity group observations. Piaget (1926) also devised a classificatory system for analysing the verbal content of children's language into eight categories. These categories: repetition, monologue, collective monologue, adapted information, criticism and decision, orders and threats, question and answer are still

used today in psycholinguistic studies. Here too the method is too limited for general application to behavioural observation study.

Carter et al (1951 a, b) suggested seven principal dimensions with fifty-three sub-categories especially adapted for identification of leaders in small groups. Their two basic dimensions of love-hate and dominance-submission resemble Leary's basic interpersonal continua. In an interesting later article, Carter (1965) discussed the range of individual characteristics which may be evaluated in small groups or situational tests. He reviewed five studies in all of which leadership behaviour played a central role and concluded that individual behaviour in group situations can be adequately reduced to three factors, namely Individual prominence and achievement, Group goal facilitation and Group Sociability.

Lambert (1960) deals extensively with the theoretical issues and numerous techniques used for describing interpersonal behaviour in children. An important study which he cites is one by Gellert (1955) in which she described research workers as concentrating on seven major dimensions in observational studies of children. These are affiliation, aggression, ascendancy, conformity and co-operativeness, fear and insecurity, extraversion-introversion and, finally, sympathy and social sensitivity. The selection of these categories was related to theoretical interests, practical problems, 'high visibility' and expediency. She criticized observational workers severely for their blinkered approach in adhering to these routine dimensions of behaviour.

et al

Grinker (1968) described an empirical study of the overt manifestations of psychotic behaviour in which they isolated four 'borderline' syndromes not conforming to any particular known category. This study, set within an ego psychology framework, clearly delimits the psychometric features of the ego. These ego functions: reality relationships, regulation and control of drives,

object relations, cognitive-, defensive-, autonomous- and synthetic-functions served as valuable source data for the selection of coding and rating categories in the present study.

3.2.6. Sociometry.

A further technique for analysis of group behaviour is the sociometric method described by Moreno (1934, 1965) and Jennings (1947, 1965). They postulate that 'the social space within which an individual lives is delimited by his range of interaction with others and (that) this space is structured by his feelings of attraction or repulsion of others' (Thelen, 1959, p.549). The work of Moreno and Jennings led to extensive research with the sociometric technique especially in children's group studies where patterns of informal group structure were examined.

Moreno defined six criteria for a sociometric test, namely:

- (a) Defined limits of the test setting;
- (b) Choices and rejections of group members should be made with reference to a specific criterion;
- (c) The group should be reorganized along the lines of preferences indicated in the sociometric test;
- (d) The subjects' opinions should be given 'in camera';
- (e) Questions should be presented simply so that their meanings may be clear.

Hare (1962) discusses methods of analysis, reliability, validity and problems associated with this technique and provides an extensive bibliography. Thompson (1960), too, deals fairly fully with this technique showing protocols of 'Partial Rank Order' procedures and sociogram illustrations. These studies illustrate not only the person's position in the social structure but also provide an index of his social relations in terms of acceptability.

This technique has shortcomings, particularly as social relations of persons who are members of two separate groups cannot be compared nor can the social structure of different groups be contrasted. In response to this problem, Gardner and Thompson (1956) introduced an equal interval social relations scale based on an analysis of four needs: affiliation, play-mirth, succorance and achievement recognition. They proposed that a: "Social-needs approach to social relations and group structure offers a precision of measurement and a unidimensionality of variables which cannot be accomplished with a situational approach so long utilized in conventional sociometric procedures" (p.41). This technique, later moulded into the Syracuse Scales of Social Relations, has attempted to correct the defects of the earlier sociometric instruments.

3.2.7. Scales for Measuring Social Roles.

Thompson (1960) reviews the problems relating to rating social roles which have been effectively measured in children's groups. The "Guess Who" approach (Hartshorne and May, 1930), a modified technique for measuring social roles has also generally proven satisfactory in correlational studies and in group comparisons.

3.2.8. Questionnaires and Mathematical Models.

Additional modes, the questionnaire method and mathematical models, have been used in analysis of small group behaviour. Mathematical models have also been employed to extend theoretical concepts and generate new hypotheses (Hare, 1962).

3.3. SELECTED STUDIES ILLUSTRATING INTERPEER RELATIONSHIPS.

A review of peer relationships in childhood by Campbell (1964) covers an enormous amount of research which in many instances bears only a marginal relationship to the basic issues in the present study. This very extensive review will not be dealt with in detail.

but a few selected studies, which have close relevance, will be cited.

Among the earliest American observational studies of behaviour in small groups, Terman's 1904 study takes pride of place (1965). He investigated qualities of leadership and stability of status within experimentally formed small groups of school children. This work was based on a related group observational study by Binet which examined the concept of suggestibility in relation to leadership qualities.

Terman examined one hundred pupils, his general aim being 'to discover those pupils who might be termed 'leaders' of their fellows, and to ascertain the qualities whereby they held this ascendance' (p.25). Each group, which contained four pupils, was given a task disguised as a memory test. Subjects were later questioned and particularly encouraged to reply rapidly and correctly. Irrelevant 'catch' questions were introduced to test the pupil's suggestibility and all replies were scored for such parameters as rank order of replies, originality, number of times pupils emulated others or were emulated by others and suggestibility as reflected by frequency of being misled by catch questions.

On the basis of his findings he divided the subjects into leaders and automatons and immediately began a second series of experiments analogous to the first. Eighty of the former subjects, a new set of objects for recognition, a new set of questions and catch questions and rearranged groups, that is at least one leader and one automaton in each group, constituted the second experimental design. Later each pupil was rated by the teacher for such features as size, dress, prominence of parents, fluency of speech, quality of schoolwork, appearance, boldness, popularity, leader in games and temperament. Finally the pupils answered a questionnaire probing perception of peers and ideals.

The results showed that leaders were often recognized by teachers and were frequently chosen by mates as ideals. Terman found that leaders had a high average suggestibility and that the ranking of many pupils in the second series differed from the first; bearing out the known contention that leadership is a function of the situation and not an individual quality. The leaders in the test, according to teachers' ratings, were taller, 'of more prominent parentage', more fluent, better readers, better dressed, brighter, more daring, less emotional and less selfish than the automatons.

Piaget (1948) described a method of investigating cognitive processes in childhood by a technique of observing a group of children at play. In this study, which dealt with the mode of acquisition of social control in children, he augmented his usual 'clinical' approach by watching young children play marbles and from his observations and interrogations he systematically inferred their level of cognitive functioning. He concluded that the six- to seven-year-old boys were at the egocentric developmental level in which to 'win' simply implied playing on one's own without reference to the other person's play. They practised a marked divergence of rules, did not watch each other and made no attempt to co-operate. He described the aims of these boys as ambivalent insofar as they desired to imitate idolized older boys while yet still tied to the enjoyment of motor skills and bent on seeking 'motor pleasure'. The developmental level of behaviour of these children is shown, not only in their parallel play, but also in their verbal interchange which presents as 'pseudo' conversation or collective monologue.

In a further observational study, Piaget observed a girl of five years seven months, a ten-year old and a few eight to twelve-year-old girls for three-quarters of an hour while playing 'hide-and-seek'. He particularly focused on the difference between the play of the youngest member who was functioning on a more immature

level than the others for whom the game held mainly a social interest. Her play was out of context with the rules and she clearly had no understanding as evidenced by her manner of play which was at an egocentric level, devoid of competitive features and of mutual control with regard to rules. From these observations and general interrogations, Piaget deduced a change toward rules at about six to seven years with the appearance of mutual control and emergence of co-operation and the understanding not to cheat. At this age the child acquires a more realistic concept of 'moral issues' while he discards his previous 'magical' concepts regarding the origin of rules.

Another important early study of inter-peer behaviour is documented by Lewin, Lippitt and White (1939). This study, in which adult leadership is varied, stands as a major landmark in small group research, demonstrating as it does a method of influencing group processes by manipulating specific independent variables. Their subjects were ten to eleven-year-old boys, constituted as five-member groups, who participated in group tasks. Each group was exposed for six-week periods to three different types of leadership: authoritarian, democratic and 'laissez faire'. Observations were made by four observers in a faraway part of the room where they attracted no attention. They aimed at recording, as fully as possible, the total behaviour of the group as opposed to recording only pre-determined categories of behaviour.

An interesting variant introduced to assess social dynamics of a given group atmosphere was for the leader to leave the room for a short while during the club meeting so that the observers could appraise what they termed the 'social pressure' factor. Also the leader would deliberately arrive a few minutes late thus allowing observation of group activity and attitude toward work, interaction and work perspective.

In addition to being observed, the boys were interviewed during and after the experiment while parents' and teachers' interviews and Rorschach tests supplemented their observational data. They found in the first experiment that autocratic leadership elicited much more hostility and aggressive behaviour than democratic leadership. In the second experiment autocratic groups evinced an 'apathetic' pattern of behaviour ascribed to repressive influences of the autocrat. The writers interpreted the data on aggression as related to four underlying factors: tension, limitation of free movement, rigidity of group structure and style of living.

They concluded from their group study that: "An experimental approach to the phenomena of group life obviously raised many difficulties of creation and scientific control, but the fruitfulness of the method seems to compensate for the added experimental problems" (p.271).

A later study by Polansky, Lippitt and Redl (1950) in which they investigated behavioural contagion in groups and its relation to group situations also illustrates the value of group observation. Their experimentally created small groups of disturbed children, observed at summer camps, were homogeneous with regard to size, sex and age. Eight boys' groups and eight girls' groups with an age range from eleven to fifteen years, seven to nine in a group, constituted the subjects of the study.

Pre-categorized data sheets were used for recording observations relating to influencing activity and indications of status. An observer, who attached himself to one group for a day, made continuous observations for fifteen-minute periods at a time. Status was further assessed in an individually administered modified sociometric technique. Councillors also rated subjects on such features as adult- and group relatedness, impulsivity, need to belong to the group and feeling of acceptance by the group.

They found that the influence of a group member was related to his prestige and his perception of his group position. Along with their higher status, subjects showed a certain readiness to act spontaneously and also to be more open to behavioural contagion than their low status peers but they were more able to resist direct influence. The probability of initiating group contagion was a function of accurate self-perception sociometric position as perceived by peers, pervasive conditions favouring group communication and the extent to which a person portrayed common needs of peers at that particular moment.

They concluded that, when considering the effect of the disturbed individual on the group, it was important to examine certain adaptive attributes such as the subjects' ability to relate to peers in 'terms of sensitivity to their standards'. This interpersonal attribute aids communication and enables the child to attain a certain modicum of status in the group. Their awareness that the group had dynamic reality analogous to persons, led them to conclude with these very pertinent remarks: "For treatment of the individual in groups, it appears that we are going to have to extend considerably our diagnostic framework to an inclusion of the group-relevant aspects of the personality of its current, functioning state" (p.348).

Stone (1956) described a technique of group play with nursery-school subjects, three to five years old, with special reference to leadership. In a "Potential Leadership Game" he observed the behaviour of three children in a group situation where he manipulated the group atmosphere so that, though friendly, he created a mildly authoritative setting. After suggesting the initial activity, he withdrew and allowed the subjects to accept (or reject) his notion, select or assign roles to self and/or others and select toys. The observer particularly noted initiative, authority, assumption of more or less dominating imaginative roles and content of play.

After about five minutes the observer encouraged children to change their roles and here he particularly focused on the child's reaction to 'shifting' of role, that is he noted rigidity or flexibility in relation to change and reactions to adult authority. A further five minutes elapsed before he introduced a new frame of reference which made further demands on the child's flexibility, while in the final five minutes the children were asked to set up their own 'framework' and select and play roles. The observer noted who determined the choice of game, how much co-operation the initiator could arouse from other children, flexibility and originality in the content of play.

In a similar group setting Stone also observed the children's behaviour in an 'Imposed Leadership Game' where each child was placed in a position of automatic authority supported by the adult. Each child was given the opportunity of assuming the leader role in which he had to tell the others what to do with a selected group of toys, while his behaviour was carefully observed. Finally all three children were invited to play a game 'together', while the observer again noted the assumption of leadership roles.

Murphy (1962) described an observational study of social behaviour in terms of the general concept of mastery and the child's available resources in coping with everyday social problems. Though she did not set out to describe group behaviour, the social activity of the observed thirty-two preschool children of necessity often involved one or more other subjects. The dimensions on which she focused were orientation and familiarization, autonomy help and effort, drives and resources for gratification, flexibility and coping strategies.

Kagan and Moss (1962), in a longitudinal study of children at the Fels Research Institute, devoted considerable research time to observation of the children's behaviour. The first set of narrative observations was undertaken in the home with the observer spending half-day periods observing mother/child interactions.

The second set of observations covered the child's interaction with his peers in the nursery-school and later in the 'Day Camp'. Here, in addition to narrative summaries, behavioural ratings were made on their 'Child Behavior Rating Scales'. Final observational sessions, presented in the form of narrative summaries, took place in the school where the child interacted with school mates. They concluded that the insight into personality gained from these observations yielded: "the richest and most accurate source of data on the child's behaviour" (p.13).

All observational statements were finally quantified on a set of 48 variables with cue points along a seven-point rating scale. With a definite predilection for the social-learning approach to child development, they selected the following four classes of variables for rating the children's overt behaviour: motive-related behaviours, sources of anxiety and conflict, defensive responses to anxiety-arousing situations and conflicts and lastly modes of interpersonal interaction. The full set of data which they used to investigate the long-term consistency and developmental changes of behaviour included numerous other parameters, such as personality and intelligence testing of the subjects over a period of thirty-two years; periodic observation and rating of maternal behaviour into categories of hostility, restriction, protection and acceleration, and intelligence testing of both parents.

Their correlational data showed considerable stability in achievement motivation, sex-role activity and passivity from birth to maturity. Girls appeared more stable in their passivity and dependency responses while boys presented greater stability in heterosexuality and sex-role activity, anger arousal and achievement. An important observation which they accounted for by postulating a 'Sleeping effect' is the fact that early childhood experience often correlated significantly with later behaviour which may be shown to have psychological relevance to the early behaviour.

This study has provided developmental psychologists with a wealth of factual data. However, a few errors of assumption may be pointed out: correlational data in themselves do not necessarily imply a cause-effect relationship as these authors accept throughout. A further criticism is the fact that because of their strong social-learning bias the investigators, on occasions, do not give due consideration to constitutional differences in their explication of the different sex-role performances of boys and girls.

The final study to be cited in this review is a recent documentation by Greenbaum (1965) who suggested joint two-sibling interview or observing sibling playing together as a promising new diagnostic procedure. He conducted forty such verbal interviews and ten play interviews. The younger age group, seven to eight years or younger, were observed in a play situation with the same-sex sibling closest to himself in age. With boys he used only three types of road-motor equipment toys and with girls doll house furniture and several dolls. He found these toys adequate for arousing behavioural patterns in areas of leadership-submission, co-operation-competition, isolation-interaction and frustration tolerance. The examiner's role was 'non-participant', the aim being to allow unrestricted sibling interaction. Results from the verbal interviews will not be considered, but this study throws interesting light on the amount of valuable diagnostic behavioural material which may emerge in one play observation with structured material.

In all these peer relationship studies material was gathered in a group observation setting. They amply illustrate the wide range of observational settings and diversity of valuable conclusions which may be reached in this potentially rich and fruitful research medium.

CHAPTER IV.

RESEARCH DESIGN.

Observing children at play will always be a rich source of information for the experimenter. However this type of 'naturalistic' observation, with its complexity and multiplicity of stimuli impinging on the observer, brings with it many problems. In order to cope with these difficulties, certain limits had to be imposed. The number of children interacting in each group had to be small, observations had to take place in a semi-controlled setting and the number of occasions of observing the group in progress had to be limited.

The research method which was followed in the present study will be considered in this Chapter. This includes an outline of the pilot study, a description of the Diagnostic Group procedure, method of recording, coding, rating and analysis of data, and a description and analysis of the Parental Questionnaire.

4.1. METHODOLOGY.

A brief overview, which may help to orient the reader, will be presented before the detailed description of the research design.

Interpersonal behaviour patterns of children in small groups were observed on a limited number of occasions. The meetings in which participants were exposed to a variety of experiences in social, emotional and cognitive fields were devised to simulate life situations. The design of a planned variety of group tasks, with a different type of activity forming the core of each meeting, encouraged the exhibition of a wide range of responses while the Conductor assumed different roles, thus creating varied 'social climates'.

Each group, which consisted of four same-sex peers, met once a week for three consecutive weeks. At the first meeting the subjects were engaged in 'arts and crafts' activities where apparent emphasis was on handwork skills while the Observer played the role of a pre-occupied teacher, focusing her attention on individual

activity as well as the amount and nature of social interaction.

The second meeting, which was designed to encourage greater peer interaction included performance and verbal co-operative tasks enacted in a very permissive atmosphere. The first part of the next meeting took place outdoors with the group playing co-operative and competitive games in a 'democratic setting'. This was followed by a 'classroom-type' task where the subjects completed a questionnaire reflecting their intragroup sociometric status, self concept and attitude toward the Clinic and group activities generally.

At each meeting the Observer coded behavioural phenomena on a clean observation chart which contained a wide range of classified response categories. These data were supplemented by a recorded narrative summary of the group members' social interactions. After each set of three group meetings, a diagnostic report based on both the coded and recorded data was presented at the Clinic case conference.

Every set of parents received a Parental Questionnaire, dealing with their child's behaviour, which had to be completed by the second meeting. For forty-four subjects the Investigator had access to additional clinical material describing the problems and relationships as reported to the Clinic staff members and the intelligence test scores. In these instances, suggestions for therapy were presented while for the remaining twenty subjects, who were observed without the benefit of any additional information, no specific plans for therapy were suggested.

At the conclusion of the study, the Observational data, Parental Attitudes, Intelligence Test Level and Age of subjects were rated along a five-point scale and Sex on a two-point scale and this quantified data was subjected to statistical analysis from which a set of factors was extracted.

4.2. PILOT STUDY.

A small pilot study was undertaken between May and September 1966 before embarking on the application of the Diagnostic Group method to larger numbers of clinic subjects.

4.2.1. Goals.

The goals of the pilot study were:

- (i) To familiarise the Investigator with a new observational technique;
- (ii) To determine the optimal group size which permitted efficient observation and yet allowed members a fair choice in their social interactions;
- (iii) To establish the extent to which a variety of group tasks and test material revealed maladaptive patterns and contributed to the understanding of children's interpersonal behaviour;
- (iv) To evolve a practical, effective and accurate method for a single observer to record and code overt, diagnostically significant behavioural patterns in a group setting;
- (v) To appraise the suitability of questionnaires for group members and their parents.

4.2.2. Subjects.

Eight girls and four boys, ranging from six to ten years, comprised the subjects of the pilot study. All observations were made at the Child Guidance Clinic, University of Cape Town.

4.2.3. Diagnostic Group Method.

(i) Group Composition:

- (a) Size: All three pilot groups consisted of four subjects each. This number was elected as it allowed members a considerable

degree of interaction and variations of sub-grouping while yet affording the Observer adequate opportunity to note the ongoing verbal and non-verbal behaviour. On an occasion when a member was late, the meeting was nevertheless begun with the Observer playing the absentee's role. It soon became clear that it was impossible to participate and record data simultaneously. Consequently it was resolved that group meetings should not begin till all members were present, and if one were absent for the afternoon, the meeting should be postponed while those present should be engaged in some alternate activity.

(b) Age-range within a group: In order to achieve a certain homogeneity in level of cognitive and physical task performance, it was decided to limit the age-range of group members to twelve months, but this criterion could not be adhered to strictly because of limitations of population availability. Subsequently, Churchill's (1965) method, that is not having a period of more than one year between a child and the one next to him in age, was accepted.

(ii) Number and Length of Meetings.

As Churchill's experience was virtually the only guideline, her method was followed and four meetings were scheduled for each group. It soon became apparent that the behaviour in outdoor games was fairly consistent and could readily be observed in a reasonably short period of time. In addition, though the children were physically tired after about half-an-hour of outdoor play, they were still able to concentrate, if necessary, on a completely different task. The same set of tasks was therefore presented at three meetings with the proviso that the third meeting lasted approximately fifteen minutes longer than the previous two, which were about forty-five minutes each. The second and third pilot groups met on three occasions only and this procedure subsequently became standard during the main study.

(iii) Appraisal of Group Activities and Play Material.

(a) Procedure: In a social technique of this nature a method had to be devised which, by accelerating identification of members, would enhance social interaction and permit accurate sociometric choices. In principle it was decided to associate each member's name with a particular colour. For the first group pieces of coloured paper with the subjects' names were pasted on each child's questionnaire in the appropriate places. Though this permitted ready and accurate identification, the process of cutting, pasting and writing names on coloured paper was extremely laborious. During subsequent meetings, different coloured 'Koki' pens were used for writing names on the questionnaire (Appendix II) and subjects were identified at the beginning of each meeting by a name-tag with their names in colour attached to their clothes. The exact procedure which was finally adopted is described on Page 107.

(b) Group Activities:

First Meeting: Individual boxes with play material as described on Page 106 were presented to the pilot members with instructions to make whatever they wished. Previously these boxes had been used at the Clinic in a similar group setting and had been found to be satisfactory in evoking the kinds of behaviour which it was desired to observe. Additional play material consisting of transparent adhesive tape, four 'Koki' pens, a pot of glue and a pair of scissors were made available for communal use. Observations of the pilot group confirmed the usefulness of the play material while the procedure and particularly the verbal instructions were further simplified.

Second Meeting: The design of this meeting allowed for increased peer interaction. Co-operative group activities of both performance and verbal natures were chosen as they possessed marked potential value for eliciting a wide range of social responses.

In this context, a riddle and charades had previously been tried by Clinic staff members in a few experimental sessions.

In the pilot study, this combination of verbal and performance tasks was not used because it was too difficult for the younger members, too structured, and offered only limited opportunities for social interplay. In its place two different activities were substituted, one embracing verbal and expressive acts while the other, a performance task, encouraged social negotiations without necessarily demanding verbal communication.

The group performance task was scheduled first so that members had more opportunity to adjust to one another in a group before proceeding to the socially more demanding verbal activity. This decision presupposed that, in allowing children to gain confidence in participating in a co-operative performance task, more interaction in any subsequent activity could be anticipated.

Co-operative Performance Task: A very large jigsaw puzzle, described on Page 109 was devised. Two sets of puzzle parts consisting of twenty and twenty-four parts respectively were constructed and graded for age in a pre-pilot group of non-clinic children. This grading, which appeared satisfactory, proved too difficult for the younger members of the pilot study. Therefore it was necessary to add a third set, consisting of sixteen parts and to introduce two further simplifications in the procedure. Specific instructions for placing the smaller parts were supplied and two guidelines were drawn on the 'Activity' board so that positioning the straight edges of the parts was facilitated. After these modifications both the graded test material and the procedure were accepted as suitable for the age range under observation.

Verbal Expressive Activity: After the puzzle game, the children were engaged in a series of psycho-dramatic interludes. Various techniques were considered which might increase the fantasy aspect of the situations and thus

encourage more projection and greater freedom of expression. Masks were thought of, but when suitable ones were unobtainable the plan was abandoned as it was impracticable to make them. Alternatively, the subjects were instructed to 'dress up' in stage clothes and hats. The first pilot group was very slow in changing their clothes before every scene but remaining dressed in the same clothes might limit expressive action to the portrayal of similar roles in every scene. Therefore it was decided to abandon the use of the clothes and retain only the hats, as these would still create the atmosphere of 'make believe' while allowing rapid changes of 'costume'.

The first pilot group, which consisted of aggressive nine to ten-year-old boys, used puppets in the play-acting scenes. The puppets were immediately used to express aggressive impulses, being manipulated as boxing gloves, while no projective material could be discerned. The puppets were forthwith discarded and the psycho-drama was limited to enacting of scenes with semi-structured roles outlined prior to each act.

Third Meeting: Varied activities were arranged, as this meeting lasted from sixty to seventy minutes.

Outdoor Games with which children might reasonably have been expected to be familiar were selected and their suitability was assessed during the pilot study. The final criteria for selection were based on whether the games allowed sufficient peer interaction of both a co-operative and competitive kind while simultaneously allowing the observation of energy level, motor co-ordination, co-operation and attitudes to winning, losing and taking turns. Only those games which could be played by either sex were considered appropriate.

The selection of suitable games was further influenced by the fact that, with only four participants, interest would soon wane if the game lasted too long. Also, the aim of outdoor activity was not primarily that of supplying enjoyable relaxation for the subjects but to permit the observation of behaviour patterns in competitive and co-operative physical play. A variety of games was chosen while the time for each game was limited to between five and eight minutes, a strategy which should provide the observer with adequate opportunity to note 'games behaviour' and yet not allow subjects to lose interest.

'Marbles' was the only game the pilot group played which was subsequently discarded because the children did not engage in sufficient reciprocal activity, nor did it evoke much achievement motivation. In addition, it was slow, involved little gross motor activity and held little potential interest for the group. 'Soccer' and 'Throw-throw' were selected as roughly comparable for use with boys and girls respectively. Though they met the criteria for selection, the subjects became very tired because of the boisterous nature of the games. Less vigorous activities were therefore scheduled before and after these games. 'Leggy', 'Eggy' and 'Scoop-scoop', the other three games played by the children were all found to be satisfactory.

In summary, the pilot study was found valuable insofar as it provided a good medium for assessing the appropriateness of the games and particularly helped to determine their most suitable sequence.

Children's Questionnaire administered in a 'classroom' setting:
After the outdoor games, the pilot group completed a Children's Questionnaire. Various additions and modification, based on experience gained with the pilot groups, were made to the schematic presentation of the Questionnaire before devising the final exemplar (Appendix II).

(iv) Recording and Coding of Observational Data.

The immediate problem facing the Investigator was to devise a recording and coding schedule which would encompass individual members' verbal communications, activities and expressive acts as well as the nature and extent of interpersonal interaction within the group.

Preliminary methods of recording and coding behaviour sequences were undertaken in the pilot study. An attempt was made to model the recording technique on the work of Barker, Dembo and Lewin (1943), who recorded units of behaviour. However, the Observer was soon overwhelmed with a mass of 'units' of four subjects interacting simultaneously. In the Iowa study, Barker et al employed one or more observers to one subject, a design which made the task considerably easier and more realistic.

To facilitate the observation of ongoing sequences and social interactions, special charts covering numerous behavioural categories were prepared. At the meetings all individual activity could immediately be coded in the appropriate category. The pilot study served a very useful purpose in emphasising the importance of certain categories, while permitting the redundant ones to be severely pruned.

For coding the data, it was initially suggested that the 'Index' system of the Hampstead Psychoanalytic Clinic (Sandler, 1962, and Bolland and Sandler, 1965) should be followed. At this clinic the numerous detailed case histories provided a great deal of descriptive data which had to be classified into a comprehensive system for research purposes. The general case material covered factual data relating to the child's early history, his present social environment and presenting symptoms. The rest of the 'Index' covered psychoanalytically relevant material in the field of object relationships, instinctual material, fantasies, ego defenses, anxieties and other ego material such as drive

activity, identification and intelligence. The content of weekly reports was transcribed on to cards, each card containing a 'unit of behaviour'.

In the second pilot group, the method but not the categories of the Hampstead Clinic workers was adopted. One-hundred-and-thirty-eight cards containing 'units' of behaviour and groupings of a similar type of behaviour were used. The advantages afforded by the 'card' system are: firstly, it becomes a readily available source of descriptive behavioural categories which provides a great deal of information about individual behaviour and secondly, cards may readily be checked by a second clinician to note whether observed behaviour has been correctly classified.

Brief examples of the rich yield this method made available are classified below, though admittedly many of these behavioural phenomena could be indexed under different categories.

Attention-seeking behaviour: 'A' arrives late for the meeting proudly, and rather defiantly, displaying a guinea-pig in a doll's carry-cot.

Hostility to Conductor: 'A': "I want to throw it in your face".

Belittling self. Poor self-image: 'A': "I am horrible".
"I am naughty". "A..... is a horrible name".

Physical aggression: 'M' tries to scribble on 'O's' head. Tries to hit 'A'. Takes 'A's' Alice-band away. Grabs two beads from 'S'.

Attention-seeking, 'show-off' behaviour: 'M' loudly calls attention to all her products. Develops an odd squeaking voice and shrieks socially unacceptable words and phrases. Shouts and shrieks uncontrollably and behaves very 'manneristically', contorting her body and face. Frequently throws arms around Conductor's neck in clinging 'affectionate' manner.

Dominance: 'S' insists on demanding 'choice' roles in every play-acting scene.

Lack of social skill: 'S' extremely pleased when winning. Shouts: "I have won". Very upset at losing, but does not regress to less mature behaviour.

The virtue of this card system is at the same time one of its greatest drawbacks. The demands made on the investigator's skill to observe and simultaneously record and code are tremendous, as can be noted by the detail of the cards listed above. The Hampstead Clinic 'Index' was used for the coding of dyadic case material in a therapeutic situation. Andy, the boy described by Bolland and Sandler, was seen in two-hundred and twenty-one sessions over a period of fourteen months. The tremendous amount of detailed information about one subject could be indexed for psychoanalytic purposes but this procedure proved unsatisfactory for describing the behaviour of four subjects in a brief-exposure, one-observer research design.

Apart from the cumbersome and time-consuming aspects of the 'card' system, another pertinent fact made its use impracticable. This was the need in the present study to quantify the observational data for statistical analysis as the 'Index' did not allow the reduction of data to any quantifiable indices.

4.2.4. Parental Questionnaire.

The parents of the pilot group completed a Questionnaire covering facets of their children's behaviour resembling those which were being observed at the Diagnostic Group meetings. Parents were requested to add any relevant information and to indicate any questions which were considered vague, ambiguous or difficult to answer. This Questionnaire was later modified and the final one included many suggestions emanating from the parents, while ambiguous questions were re-structured for greater clarity. (Appendix V.1.).

4.3. FULL SCALE STUDY.

4.3.1. Nature of Sample.

(a) Number, sex distribution and population:

Forty-four boys and twenty girls, selected from children attending a child guidance clinic, constituted the subjects of this study. As they were drawn from a clinic population, they can be considered a highly selected group having in common certain features, particularly that of not being able to cope in their school, home or social milieu. The socio-economic and parent educational backgrounds of the subjects covered a wide range as the sample was not controlled for these environmental parameters. Only one brother/sister pair appeared in the study.

(b) Criteria for selection:

For methodological reasons certain criteria were defined for the selection of subjects suitable for participation in this study. Briefly these criteria were:

- (i) The age range should be limited to between six and eleven years.
- (ii) Children with physical handicaps and those classified as mentally retarded should be excluded.
- (iii) Referring problems should include difficulties in the peer relationship area.

(c) Age distribution:

The age range of the boys was five years ten months to ten years ten months (mean 8.33 months) and the girls, six years ten months to eleven years one month (mean 8.89 months).

(d) Range of Intelligence Quotients:

On a number of intelligence tests the scores of the boys ranged from 80 to 137 (mean 101) and the girls from 77 to 120 (mean 105).

(e) Referring problems:

The third criterion for selection could not be as strictly adhered to as the previous two. Though children with peer relation problems were given preference, others were included as the study was conducted in a clinic, with its accompanying pressures for service, where delaying the diagnostic process while waiting for suitable candidates was not considered feasible. Furthermore, referring problems could not always be confined strictly to peer relationships as very often children's difficulties generalise from one sphere to another involving many aspects of behaviour.

In descending order of frequency, the boys' referring problems can be ranked as follows: scholastic difficulties, peer and disciplinary problems equally frequently, eliminative disturbances and, finally delinquency.

The distribution of referring problems for the girls varied slightly from that of the boys as here the frequency appeared in the following rank order: scholastic difficulties, eliminative disturbances and, finally, peer problems and delinquency equally frequently.

Care was taken not to include subjects who were excessively anxious, phobic or very disturbed as the group experience might aggravate their symptoms.

4.3.2. Place and Time.

All the observations were made at the Child Guidance Clinic, University of Cape Town. Indoor group meetings took place in a demonstration room twelve by fifteen feet, fitted with wall-to-wall carpeting. This room was adequately served by two windows while one wall was replaced by a screen which permitted one-way viewing from an adjoining observation room and acoustic apparatus allowed sound to be transmitted to the observation room. Outdoor meetings were held on an open play

field immediately adjoining the Clinic building.

The study was conducted over a ten-month period between September 1966 and June 1967.

4.3.3. Diagnostic Group Method.

(i) Group Planning.

Each group met on three occasions, at set times, and at weekly intervals. The first two sessions were each scheduled to last approximately forty to forty-five minutes while the third session continued for an additional fifteen to twenty minutes.

A group consisted of four same-sex peers with an age range not extending beyond twelve months between the oldest and the youngest members. All group members were unacquainted with one another and the Conductor prior to the first meeting.

Altogether eleven boy-groups and five girl-groups were observed, this proportion being in line with the sex ratio of children attending the Clinic. Five groups were observed without any knowledge about their problems while the Observer was fully acquainted with the case material of the other eleven groups.

(ii) Arrangements for attendance of subjects.

Parents were approached, either personally or by telephone, in order to obtain permission for their children to attend the group meetings. The plan of action was briefly outlined to them in order to gain their confidence and co-operation. The time of commencement of meetings was emphasised as well as all the dates on which meetings were to take place and it was pointed out that, if a child defaulted, the group meeting would have to be postponed. In addition, a letter indicating the times, dates and briefly outlining the plan and purpose of the group meetings was sent to each parent. Though it was stated in the

letter that four attendances were necessary, this was later modified to three, following a change in the research design.

The parents proved very co-operative and only rarely did meetings have to be postponed due to intercurrent infection of the subjects. As soon as it was learnt that a child was unable to attend, all group members were informed and the meeting was postponed but if any child inadvertently arrived, he was engaged in an alternate individual activity.

(iii) Role of the Conductor.

Foulkes and Anthony (1965) made the point that in a group where the observer does not play merely a passive role, the term 'Conductor' becomes more appropriate. In the present study this term has been adopted to express the role of the Investigator when interacting with group members. The Observer attempted to maintain a standard role throughout, that of a non-evaluative, friendly, non-participating person, while the Conductor assumed the role of an encouraging, permissive and flexible adult responding with support when requested. The same person filled the roles of Conductor and Observer simultaneously in this research design.

(iv) Instructions to subjects at group meetings.

To increase uniformity of procedure, all verbal instructions were standardised and bound into a manual (Appendix 1). These instructions, which were subsequently followed at all group meetings, were given in clear and simple language so that each child could readily understand and follow the procedure. The Conductor particularly limited verbal exchange so that the subjects would be stimulated to talk to one another. All communication was confined to group activities as opposed to Churchill's (1965) method where subjects were encouraged to discuss their personal problems while the group worker interpreted these problems.

PLATE 1

'CREATIVITY' BOX



Open box showing play material in various numbered compartments.

(v) Description of play material, procedure and rationale for selection of activities.

The group tasks, description of the material and the general rationale underlying each activity will be discussed in this sub-section.

(a) First Meeting:

During this meeting the subjects were engaged in constructional, creative 'arts and crafts' table activities in which they used miscellaneous unstructured material.

Material: The play material was arranged in four brightly-painted wooden boxes, each measuring twelve by nine by two inches. Each box had a hinged lid covering four smaller and two larger subdivisions. Grover (1965), who designed these boxes and their contents, suggested their use at the first Diagnostic Group meeting. Because of their creative play skill demands they were aptly named 'Creativity' boxes by Maier (1968).

As illustrated in Plate 1 opposite the contents of each of the numbered compartments were as follows:

Compartment 1 contained three brightly coloured crepe-paper streamers, each one approximately six feet long. Compartment 2 had three pieces of coloured crepe-paper approximately six inches square. In Compartment 3 there were two, three-inch-square and four four-inch-square pieces of stiff coloured paper and a seven-inch square piece of brightly coloured paper, gummed on back. Compartment 4 had six pipe-cleaners, six wooden sticks approximately six inches long, a small coil of string approximately four feet long and a piece of coloured plasticine weighing about three ozs. In Compartment 5 there were six brightly coloured metal disc-wheels, two larger and four smaller coloured

PLATE 2

FIRST DIAGNOSTIC GROUP MEETING



Subjects are playing actively while Conductor watches with interest.

glass beads and six paper clips. Compartment 6 contained two larger and four smaller corks and three coloured pencil-crayons.

Available for communal use were a pair of grape-pruning scissors which could easily cut the pipe-cleaners, a pot of glue, a roll of transparent adhesive tape and four coloured 'Koki' pens.

Procedure: The demonstration room was prepared by placing four chairs, one for each subject, at a rectangular table in the centre of the room and two low chairs for the observer at diagonal corners. On the table, which was covered with baize material to dull the sound of the boxes being moved about, four 'Creativity' boxes were positioned, one near each edge. The sound transmitter and a tape-recorder were connected in the adjoining observation room so that all sounds transmitted from the demonstration room could be recorded.

The subjects were met in the waiting room and escorted to the demonstration room by the Conductor. As all were unacquainted, the Conductor attempted to establish rapport by introducing herself in a friendly manner, simultaneously pinning her name to her clothes. Each subject was then asked to call out his name and choose one of four available colours which subsequently became associated with his name throughout all three group meetings. After each subject's name was written in colour on a card and attached to his clothes, he was asked to choose a box which was similarly labelled with his name. They were then instructed to sit at the table, open their boxes and make objects from the available material. In Plate 2 opposite, the group is seen engaged in playing with the material.

PLATE 3

END OF FIRST DIAGNOSTIC GROUP MEETING



Conductor inspects and discusses each one's products.

The Conductor's role was that of a permissive, friendly adult, helping only on request but all the while showing an interest in the children's activities. They were told that she would be present but occupied with 'marking papers' throughout the meeting. The Conductor used a low chair so as to be on the same eye-level as the subjects and changed positions about every fifteen minutes to be near each subject for an equal period of time. While the subjects were busily engaged in playing with the material, the Observer recorded a sequential commentary of conversation and interaction of group members as well as coded subjects' activities in appropriate behavioural categories on the observation chart (Appendix III).

Subjects were allowed to play uninterruptedly for about ten minutes. If they remained completely quiet, the Conductor encouraged conversation by asking them their ages and which schools they attended. Another ten minutes were allowed to elapse and if the members were still not chatting, they were further encouraged by being asked what they liked best at their schools. After this no further verbal stimulation was supplied. Towards the end of the meeting they were told that they had about ten minutes' play-time left, so that they could complete their products and adjust to the idea of terminating the meeting. Within the final five minutes they were asked to finish off, close their boxes and place their products on the lids while the Conductor discussed the finished objects with each member individually, as shown on Plate 3 opposite. Subjects were then escorted back to their parents in the waiting room.

Rationale: This activity was chosen to enable the Investigator to become acquainted with the subjects, at the same time encouraging them to get to know one

another in a quiet, table activity atmosphere. The box play resembled the 'arts and crafts' activity selected by Raush, Dittman and Taylor (1959) in their observational study. Unstructured material was selected in preference to standard 'model-building' toys, as the former allowed opportunities for display of resourcefulness in structuring various objects. Also the range of unstructured material did not really permit subjects to recognize their products as inferior and thus trigger off feelings of incompetence or anxiety. Competitive or co-operative standard table-games were not selected as the social and cognitive demands of these activities might be beyond the subjects' capabilities or willingness to give on first encounter.

As this was the first meeting of children who often had peer relation problems, the nature of the group activity was particularly cued to enhance rapport and not disturb the child. No particular demands were made on any subject who tended to withdraw and yet every opportunity was afforded those who had a need to be noticed or to make overtures to others. A table activity of this nature allowed observation of social interaction and autonomy, achievement, dependency, and affiliatory needs.

(b) Second Meeting: At the second meeting the subjects were occupied with two co-operative activities. The first one, a 'Puzzle Game', was in the nature of performance task while the second, a series of psychodrama interludes, involved mainly verbal and expressive skills.

PUZZLE GAME.

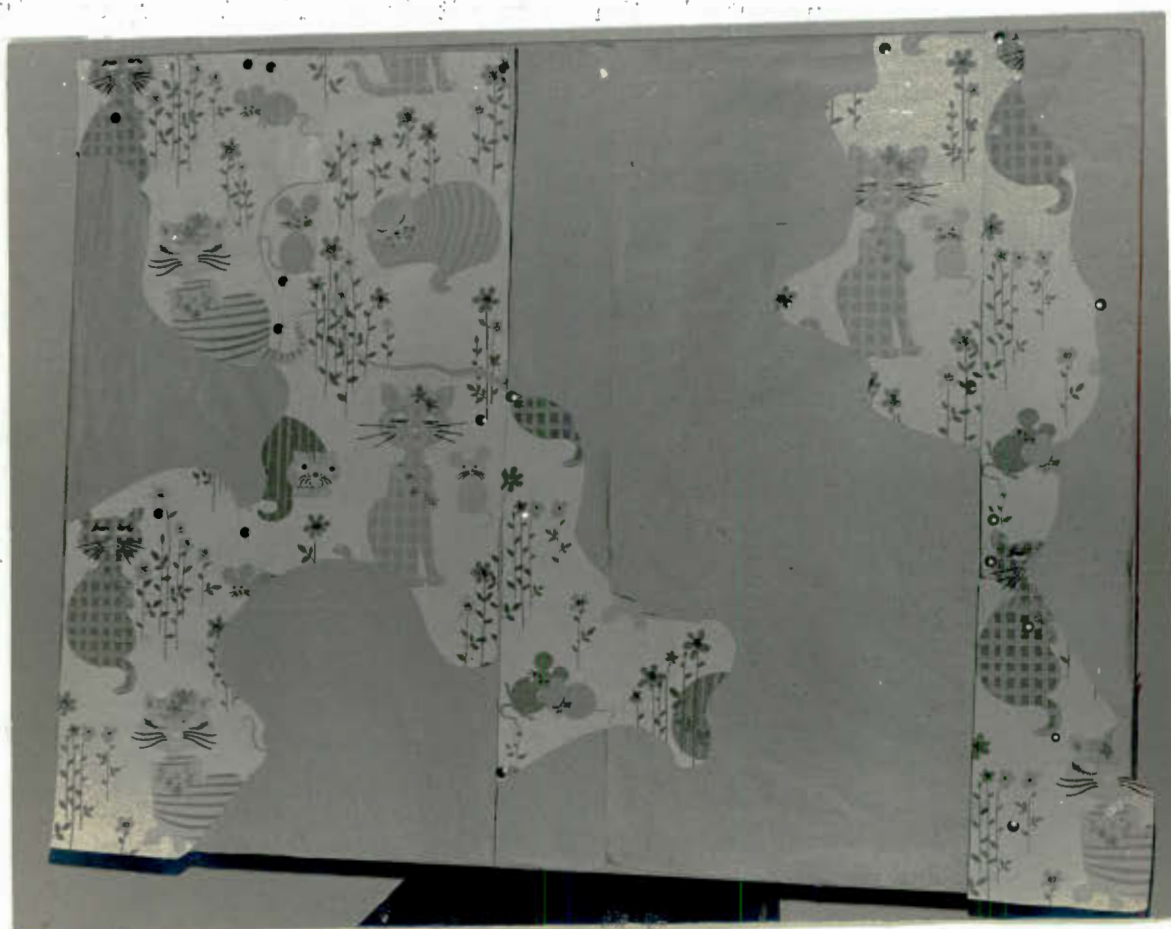
Material: In Plates 4 and 5 overleaf are illustrated the play material used in the puzzle game. This consisted

PLATES 4 and 5

PUZZLE GAME



'Demonstration' board showing intact wall-paper design.



'Activity' board showing some parts pinned in position.

of a 'Demonstration' board, an 'Activity' board and three sets of puzzle parts. The demonstration board was made by pasting selected pieces of wall paper on to a rectangular piece of 'Sagex', a light insulating material, measuring 36 by 47 inches and one and three-quarter inches thick. The sagex had previously been covered with a layer of lining paper so that the wall paper could adhere more firmly. An identical piece of sagex was covered with a layer of lining paper only and this was used as the activity board on to which subjects had to pin the puzzle parts. Two guide lines on the lining paper helped to orient the subjects in placing the straight edges of the parts. Sagex was chosen as the working base because it was flexible and light, thus allowing a large board to be handled easily. Furthermore, because it was made of porous material, it promised easy insertion and removal of drawing pins by a child.

Three pieces of wallpaper, exactly resembling the demonstration design, were stiffened with a double layer of lining paper to make it manageable and more durable. These were then cut up, 'jig-saw fashion', into sets of sixteen, twenty and twenty-four parts and numbered on the reverse side, one, two and three, respectively. The individual parts of each set were further labelled A, B, C or D, so that each set contained an equal number of similarly lettered parts, for example Set I, which was used with six to seven year-old subjects, consisted of sixteen parts subdivided into four subsets, each containing four parts. Each puzzle was labelled A1, B1, C1 or D1, according to the subset to which it had been allocated. The parts were distributed to different subsets at random, the only precaution being that of ensuring that pieces fitting into

adjacent positions on the activity board were not placed in the same subset. Similarly, Set 2 consisted of twenty parts, subdivided into four subsets, each containing five parts marked A2, B2, C2, or D2. This set was used with seven to eight-year-old subjects. Set 3, for use with nine to ten-year-old subjects, consisted of twenty-four parts, subdivided into four subsets, each containing six parts marked A3, B3, C3, or D3.

A box of drawing pins for pinning the parts on to the activity board completed the test material.

Procedure: For this co-operative performance task members had to complete a jig-saw puzzle made of very large parts in as short a period as possible. The 'Demonstration' and 'Activity' boards were arranged on chairs placed adjacent but at an obtuse angle to each other. Weights stabilized the activity board on the chairs to prevent it from shifting about while the parts were being pinned on. The appropriate set of puzzle parts, placed face down on a nearby chair, and a box of drawing pins completed the preparation for this group activity. The sound transmitter and electrical recording devices were connected before the meeting began.

The subjects again assembled in the waiting room and accompanied the Conductor to the demonstration room. Each one was invited to choose a letter from A to D which was added to his name-tag before this was attached to his clothes. They were told that they were going to make a jig-saw puzzle similar in design to the one on the demonstration board on display in the room. The letter on each name-tag would help identify similarly-lettered puzzle parts which each child was responsible for pinning on to the activity board. They were motivated

PLATES 6 & 7.

SECOND DIAGNOSTIC GROUP MEETING



Puzzle game in progress.



Puzzle game nearing completion.

to excel by being told that a previous group, resembling themselves in age, had taken only fifteen minutes to complete the puzzle.

Plates 6 and 7 opposite show the group members actively occupied in the puzzle game. Plate 6 illustrates a subject trying to match a part by visualising its position on the demonstration board while the other three are actively tacking parts on the activity board. In Plate 7 the puzzle has taken considerable shape so that less trial and error is needed to place parts correctly. All four subjects are simultaneously working on the board.

The Conductor's role was that of a spectator, only occasionally encouraging members by praising correct placement. When members were obviously floundering, minimal help was given in order to get the puzzle semi-completed so that the group activity could continue. As at the previous meeting, all activities and verbal interchange were recorded and a clean observation chart was used to code behavioural items.

Rationale: Co-operative activities form an integral aspect of the elementary schoolchild's everyday social living, therefore the decision to present subjects with a task making demands for group co-operation appeared a natural one. Though this activity was labelled a performance one, one cannot strictly separate verbal and non-verbal tasks as both aspects of behaviour enter into all social group activities, but nevertheless, this puzzle appeared to call for greater involvement of non-verbal skills.

This task was placed first as it was considered socially less demanding than a verbal one. It was believed that this activity might break down some of the reserves of the more inhibited subjects before the group proceeded

to a subsequent activity. Though the task itself possessed a great deal of novelty, the social implications of the activity may readily be compared with any co-operative every-day social interaction. Furthermore, far from being considered a drawback, the novel aspect of the task may be viewed favourably because it enhanced the tasks potential fascination for the subjects and, in this situation, their cognitive and affective reaction to novelty could be gauged.

PSYCHODRAMA.

Material: The material was limited to a variety of boys', girls', men's and women's hats and a mirror in which the children could see themselves when dressed up. Four chairs were used as various fantasy objects.

Procedure: After completing the puzzle, the children took part in various 'play-acting' scenes in which they were invited to enact miniature dramatic episodes. The semi-structured presentation for each act allowed a considerable amount of imaginative and creative display in choice of role and content. Subjects were encouraged to enter into these roles and express their feelings freely. Each 'act' lasted approximately five minutes, though play was not terminated at its height, but rather during a period of lag. Occasionally play was stopped when the aggressive or disruptive nature of the actions became too overpowering. The Conductor played the role of the audience, applauding when indicated or at the end of each act. All activities were recorded and coded as described earlier.

For the first scene four chairs were arranged in the centre of the room and the children were told that these represented the front and back seats of a car. The Conductor told the group that the father and mother were taking their two children for a drive. They were encouraged to choose

PLATE 8

SECOND DIAGNOSTIC GROUP MEETING



"Family Outing" scene in progress.

the role of a family member and were given a few minutes to rehearse an appropriate act. The Conductor produced a selection of hats, appropriate ones being immediately grabbed and donned by the subjects. Plate 8 opposite illustrates the "Family Outing" scene in progress. Four subjects are seated in a 'car' with 'Father' (driver) in left front seat, 'Mother' sitting next to him and two 'boys' seated at the back.

The second scene was sited in the home. The group was asked to pretend that the mother was a very authoritative, strict and non-permissive person. Three children were placed at the door and asked to play the roles of school children returning home while the 'mother' stood in the middle of the room waiting for them. The chairs were placed at the corners of the room and the children were free to use them as any objects of their fantasy.

In the third scene, three chairs were placed in front of a small window and all the children were instructed to stand on them and peep out. They were asked to take on the roles of siblings and pretend their father had promised to let them to go to the cinema provided that it did not rain. While they were peeping out of the window, it suddenly started to 'rain' heavily.....

A completely different frame of reference was created for the fourth scene. The chairs were again arranged in the corners of the room while the subjects had to pretend that these chairs were tall trees in the garden and the carpet a lawn. They were to portray what they would do if one of the children, who was climbing the trees, 'fell' down and 'hurt' his leg.

In the fifth and final scene the group members were asked to enact a scene of their own choice and use the 'props' as they wished.

Rationale: Psychodrama, as used in the present study, may be accepted as presenting two aspects for observation: first, social-interaction in a verbal co-operative task setting and, second, projective material present in the verbal and expressive content of play.

Moreno (1946) first introduced this technique to evaluate interrelationships in 'action' settings. Stone (1956) found that group dramatic play was a very rewarding technique for use with normal nursery-school children insofar as it revealed the child's intimate and personal relationships. His semi-structured group situations, 'Potential and Imposed Leadership' games and 'Family Game' resembled the scenes devised in the present investigation, though, in the 'Leadership' games, he focused on leadership ability only, therefore restricting the subjects' choice of roles.

The rationale for structuring specific situations in this activity was tied to their apparent link with every-day experiences. Subjects were asked to express themselves in a variety of interpersonal and intrafamilial, co-operative and conflictful social settings. The reasons for selecting the particular situations are set out below:

- Scene 1: A family outing in a car; a scene structured to explore intrafamilial relationships.
- Scene 2: Mother/child relationships might be revealed where the mother's role was presented as authoritative, strict and non-permissive in relation to every-day home activities such as homework, eating and bed-time.
- Scene 3: Here the scene was structured to elicit expressions of attitudes to father and reaction to frustration with father as the frustrating agent.
- Scene 4: This scene was devised to gain insight into play skills, attitude and needs manifested in

situations where a member of the group was physically 'injured'.

Scene 5: The final scene, an own choice, was included so that constructive creative behaviour, leadership ability and initiative could be observed and gauged.

It was felt that a variety of scenes would permit subjects greater scope in reflecting idiosyncratic views of their social environment. The expressive behaviour, choice or rejection of roles and verbal content in play would help to focus attention on self-image and delineate areas of problem behaviour. The ability to shift from one role to another in a different frame of reference over a short period should supply cues as to the subject's behavioural flexibility while presenting varied assignments, the creativity and resourcefulness of the subject could also be assessed.

The quality of leadership ability could be gauged in these situations as suggested by Stone, namely in the subject's allocating roles to his peers, that is directive drive; assertive ability reflected in the opportunities the subject created for exercising his need to assert himself; and his integrative ability, that is his desire to make the most of a social situation.

(c) Third Meeting: During the third meeting the group was occupied in two very different types of activities namely outdoor games and an indoor 'classroom-type' task.

(a) OUTDOOR GAMES.

Material: A tennis ball, a soccer ball and a scooped-out curved bat were used while a set of wooden skittles and a set of deck quoits were available for indoor games if the weather should have proved unfavourable.

Procedure: The group was again escorted from the waiting room to the demonstration room, but now the members usually ran ahead. After receiving their name-tags, all proceeded through a side-entrance to an adjoining play field, taking with them the games equipment and a low chair.

The Conductor, seated on the low chair in the shade, observed the group while playing games. At the beginning of each game they were asked whether they knew that particular game. If one member knew, he was asked to explain the rules to the rest; then the Conductor would also repeat the rules in simple language. All games were played for approximately five to eight minutes.

'Leggy;', the first game, was a rather inactive ball-game. Subjects were asked to select two teams who faced each other standing approximately twenty feet apart. The object of the game was to throw a tennis ball through the wide-apart legs of the opponents. Every time one succeeded, the member who allowed the ball to pass through his legs went to the opposite side. The game continued until one team succeeded in having all four members on its side.

In the second game, 'Eggy', each child had to choose a number, from one to four, which served to identify him for the purposes of the game. Each member received five points ('lives'), and the aim was to retain these 'lives' as long as possible. The starter threw the ball straight up into the air, calling the number of one of the other group members. The child whose number was called then dashed forward and tried to catch the ball. If successful, he immediately repeated the same procedure as the starter. If, however, he were unable

to catch the ball straight from the air, he retrieved it and called the scattering group members to halt. Then he tried to hit the nearest child with the ball. If successful, the thrower retained his 'life' while the one who was hit lost a 'life'; if unsuccessful, the thrower lost a 'life' and again threw the ball up, calling a number. The game proceeded till all but one, the winner, had lost all their 'lives'.

The next game, 'Soccer', was played only by the boys. The group was asked to sub-divide into two teams. Two sets of goal-posts, approximately forty ~~five~~ feet apart, were fixed for each team. Goals were scored whenever the ball passed between two 'goalposts'.

'Throw-throw': This game for girls was played with a soccer ball. The members sub-grouped themselves into two sides. The aim was for team members to pass the ball from one to the other while the opposite side tried to gain possession of the ball. The winning team was judged to be the one which had possession of the ball for a longer time and thus gained more satisfaction from playing. No points were however scored.

'Scoop-Scoop': The rules of this last game were that one member had to throw a tennis ball a distance of eight to ten feet into a scoop held by a team-mate. Each child had five turns to throw and five turns to 'catch', that is hold the scoop. The maximum final score for each team was ten points.

Three indoor games were available in case the weather prevented outdoor play. The first one, 'Scoop-Scoop', is described above and instructions for the other two, 'Deck-quoits and 'Skittles', are set out together with all the previous games in Appendix I. The indoor games resembled the outdoor ones in structure but physical

activity was curtailed. The Conductor permitted the subjects relative freedom in making their own rules during the games, particularly in 'Soccer'.

Rationale: The physical games resembled the structured game activities observed by Raush, Dittman and Taylor (1959) and were arranged to yield information in the following areas: gross motor activity, motor co-ordination and energy level, peer relations especially co-operation, affiliatory needs, patterns of choice and rejection, sub-group formations, leadership and submission; also sources of anxiety and satisfaction, reactions to winning, losing, competition, frustration and group pressure.

'Leggy', the first outdoor game, was deliberately selected to be a rather inactive one, making minimal demands on the motor skills of each child and encouraging the less agile members to gain self-confidence, feel at ease and acquire a pattern of game participation.

The second game, 'Eggy', was the only non-team game. It was included to provide insight into individual attitudes to winning, losing and motivation to achieve.

The next game was the only one in which the procedure differed for boys and girls. The boys played 'Soccer' and the girls 'Throw-throw'. These activities resembled each other insofar as they were both team games, thus allowing ample opportunity for observing dominance and leadership patterns, achievement motivation, group co-operation and attitudes to winning and losing. Both also required vigorous physical participation and a considerable degree of gross motor skill. However, they differed in that 'Soccer' was a 'point' game, whereas 'Throw-throw' could not be scored.

'Scoop-scoop': The outdoor group activities ended with a quiet competitive team game, thus contrasting with the very active preceding task. A rather inactive game was particularly selected to precede the next very different classroom-type task, in keeping with Redl's (1958) concept of 'transition hygiene' which recommended not presenting a very passive task after one where activities encouraged boisterous motor play in the exploitation of competitive impulses.

(b) CLASSROOM-TYPE TASK.

After the outdoor games the subjects returned to the demonstration room where they completed a questionnaire described hereunder.

CHILDREN'S QUESTIONNAIRE

The Questionnaire, reproduced in Appendix II, consisted of five pages. The first page contained seven questions of which four reflected sociometric choices and three sociometric rejections in real and imagined situations (Moreno, 1934, 1965; Jennings, 1943, 1947). A clear space after every question allowed each child's name to be written in his appropriate colour and at the end of the space the words 'No one' appeared, e.g.

"With whom would you like to come to the Clinic?"
 PAUL... JEROME ANDREW MARK.. "No one"

The subject's responses reflected a pattern of sociometric choices and rejections of group members while the difference between the choices and rejections indicated the extent of 'outgoingness'.

The second page contained a series of "Guess Who?" questions (Hartshorne and May, 1930). Group members' initials were entered at the top of the page to assist subjects in their choice of appropriate peers in response to each question. The questions such as: "Who is full of ideas?"; "Who is very quiet and shy?" covered general group activities and group behaviour while the responses indicated the subjects' self and other perception.

PLATE 9

THIRD DIAGNOSTIC GROUP MEETING



Subjects completing the Children's Questionnaire.

On Page iii, five questions were asked in which the subjects had to guess who would choose them in real and imagined situations. These questions were prepared in a similar way to those on Page i, that is subjects' names were written in appropriate places. A further five questions dealt with assessment of own personality features, sex- and age-role identification and subjects' estimate of acceptance by group members and the Conductor. Where questions referred to feelings or statements about self, others or activities, a full range of possible answers was available. These questions were designed to reveal an understanding of the child's self concept in relation to group members and group activities.

Page iv contained four questions dealing with the subject's attitude toward group activities and feelings about attending the Clinic prior to the group meetings. On Page v subjects were asked about their attitudes toward the Clinic subsequent to group meetings and their reasons for attending the Clinic. The last two pages reflected the subject's attitude toward the Diagnostic Group activities and the Clinic as well as an understanding of own problems or readiness to admit that a problem existed.

Procedure: The demonstration room contained four chairs and four small tables arranged so that each child, seated at a table, could work privately. Questions were read out and the subjects were asked to circle the name(s) or the phrase(s) which most accurately reflected their feelings. In "Guess Who?" (Page ii) they were told to enter the initials of the child(ren) to whom the description most accurately applied. The Conductor went from table to table reading the questions and, where necessary, helped the children with their answers. Plate 9, opposite, illustrates the children completing the questionnaire.

It took the older children approximately twenty minutes to complete the Questionnaire while the younger ones needed about half-an-hour.

Rationale: The activity afforded the Observer the opportunity for noting 'schoolroom' behaviour. Data accruing from the Children's Questionnaire

provided an understanding of a subject's sociometric position in the group as well as allowed greater insight into his self concept. By ascertaining his position in the group structure, certain peer relationship patterns might become clearer, for example the problems of the isolate, while understanding a subject's self-percept may be a valuable guide in formulating treatment. Expressed attitudes to group meetings might focus attention on those activities which subjects found uninteresting or possibly anxiety-evoking. Acceptance or denial of own problems, too, might reflect another valuable facet of the child's psychological functioning.

vi. Method of observation, recording and coding.

(a) Role of the Observer: Primarily, the role the Observer aimed at was to appear as unobtrusive as possible; she certainly did not want the children to gain the impression that their activities were being watched and recorded. The suggestion of Jersild and Meigs (1939) that the observer appear pre-occupied with some other activity was followed. This illusion could well be supported at the first session where the children too were busily engaged in individual activities. But as the same person had to perform the task of both Observer and Conductor, it became more difficult to maintain a 'distant' role during the second and third meetings where greater adult/child interaction was expected. However, by then the children had grown accustomed to the presence of an Observer; her role as a friendly, impartial, non-evaluating person had been established, and as Conductor, her marked permissiveness in freedom of action encouraged spontaneity and reduced social inhibitions.

(b) Recording and coding of observed behaviour: Careful consideration of standard research methods and experience gained in the pilot study determined the selection of a category system (Heyns and Zander, 1953) for coding behaviour into a large number of categories tapping very many aspects of interpersonal, personal and situational facets of group activity. Observation charts were devised for use at each group meeting (Appendix III). Four columns, one for each subject, were drawn at the right hand margin of each sheet so that the Observer

could check relevant behavioural items in appropriate cells. This method of coding allowed a single observer to note behaviour in both its qualitative and quantitative forms. A pre-arranged selection of categories channelled attention toward noting specific behavioural phenomena and sharpened perception with a resultant increase in detail and accuracy of observations. All data were coded and accepted at an overt level without any attempt to translate behaviours into the unconscious counterpart from which they might be derived. A plus or a minus sign was entered into the appropriate cell but, if activities were intensified, up to four plusses or minuses could be recorded. If the subject's behaviour deviated in some way from the implication on the observation chart, the Observer noted it by recording side remarks. A clean observation chart was used at each meeting so as to minimise the carry-over of a 'halo effect' and to compare the differences and similarities in behavioural trends as they manifested themselves at consecutive meetings.

In addition to coding on the observation chart, ongoing sequences of group behaviour were simultaneously recorded in a descriptive form achieving detail and clarity by using many idiosyncratic symbols and abbreviations. Audio-tape recordings of the verbal interchange were made during the meetings. These recordings were used in the transcription of additional data on to the observation charts immediately after the completion of the meeting thus enhancing the detail of categorized and narrative reports available at the end of each set of group meetings.

The narrative summary, containing subjective impressions of the group activity, covered the following observations:

- (i) Appraisal of products made at the first meeting. Objects were rated for creativity and motor dexterity while the detail of execution was also noted. All ratings ranged from poor through fair through good to excellent.
- (ii) Detail of psychological defense mechanisms used by the subject.

- (iii) Situational features which subject found particularly satisfying or distressing and his responses to these features.
- (iv) Personality attributes or shortcomings which either enhanced the subject's mode of coping or made it more difficult for him to meet the demands of the situation constructively.

After a group had been seen on three occasions the Observer submitted a comprehensive diagnostic report for each child, organized according to the observational charts, together with a narrative summary covering behaviour at each meeting, an interpretative analysis and recommendations for treatment (Chap. V., 5.1.1. to 5.1.5., and Appendix VIII 1 and 2).

(c) Description, rationale and operational definitions of categories selected for coding: The developmental orientations discussed in Chapter II and two methodological aspects of the research design determined the selection of relevant and psychologically-significant behavioural patterns to be coded. These design features were that the subjects all belonged to a clinic population and that they were being observed in a small-group medium. The rationale for selection of categories will be mentioned briefly, as this aspect will be elaborated on in the discussion of rating categories. Overt observable aspects of behaviour were selected for categorization in an eclectic manner as opposed to the choice of constructs derived from depth-psychology. In this way coding was confined, where possible, to observable behaviour while keeping inference at a minimum.

The sequences of behaviour observed included motivational needs, defense mechanisms and anxieties inferred from subjects' overt actions, social and emotional inter-peer activities, motor and cognitive functioning. Attention was also directed toward observing deviations from socially acceptable behaviour and self- and other perceptions. The selected categories fall into four groups: individual response categories, interpersonal behavioural categories, intragroup activity patterns and verbal communication. The observation chart in which these behaviour categories were coded is reproduced in Appendix III.

responses. A category, 'Fearful of Conductor', which was also considered was not retained as this behaviour was not observed.

3. OPERATION OF DEFENSE MECHANISMS.

When a child experiences the unpleasantness of excessive anxiety, this triggers off goal-oriented behaviour which aims at restructuring or distorting reality so that he no longer experiences the unpleasant feeling. Here anxiety acts as a motive for defensive behaviour; the significance of meaning may be unknown to the subject but this can usually be understood by the trained observer. The defense mechanisms selected for coding were those readily observed as overt reactions in attempts to reduce anxiety. They were deliberately expressed in operational terms so as to anchor observations in the realm of overt behaviour and minimize the need for inference.

The defense mechanisms, together with other aspects of the child's behaviour, give a picture of what may be called his total coping strategy, that is 'the strategy by which the child attempts to achieve mastery, gain satisfaction, gratify himself and prevent tension levels or disorganization which would disable him or interfere with his process of mastery' (Murphy, 1962, p.285). In their classification scheme of defense mechanisms, Kagan and Moss considered only withdrawal responses from situations where task failure or social rejection were anticipated.

In the present study, in addition to withdrawal, three other defensive manoeuvres were included. These defense mechanisms were operationally defined as:

- (a) Withdrawal: As soon as the subject perceived the situation or certain aspects of the situation as, in any way, anxiety-evoking, he responded by involuntary withdrawal and non-participation in group activities.
- (b) Projection: Subject made statements reflecting his fears which he projected on to some external reality object, thus achieving relief from his own inner anxiety.

- (c) Denial: This defense mechanism implies an interference with the accuracy in perception of reality. The subject excluded aspects of the situation which he found intolerable and denied the existence of any anxiety in a field in which he had very definite fears, for example he often recorded no problems on the Children's Questionnaire.
- (d) Rationalization: The subject accepted or presented a superficially plausible explanation for a segment of his behaviour around which he had built up a great deal of anxiety.

4. SOCIAL BEHAVIOUR.

The social interactions of group members were coded in this category. The development of adequate social skills during middle childhood is an important requirement for the achievement of eventual social and emotional maturity. The child's habitual social behaviour may well be determined by psychological processes included in the previous three categories, namely motives, anxiety and defense mechanisms.

Social behaviour was divided into three sub-divisions, peer interaction, popularity and social relationship with Conductor, to achieve greater clarity and precision in coding ongoing social activities.

- (a) Peer Interaction: The small group medium provides a richly-endowed matrix for observing peer interaction. Not only does it permit dyadic relationships to be evaluated but, also, group or status variables such as leadership, popularity and 'outgoingness' readily become overt.

The following features of peer interaction were singled out for coding according to the needs listed previously:

- (i) Subject enhanced peer relationships by expressing admiration and appreciation but not mere flattery of other's actions, statements and products (n. Affiliation).
- (ii) Subject assisted peers during group meetings and frequently expressed keenness to help (n. Nurturance).
- (iii) Subject engaged co-operatively and sought company of peers in group activity though this was not necessarily demanded

- by the situation.. Absence of dependence or aggressive assertion in executing tasks (n. Affiliation).
- (iv) Behaviour where independence and autonomy featured prominently particularly in situations geared toward co-operative activity (n. Autonomy).
 - (v) Leadership behaviour indicated by the ability to manipulate group activity toward a goal in a socially acceptable and constructive manner by means of assertive suggestions, initiative or constructive example.
 - (vi) Aggressive behaviour in three different areas: the subject who dominated his peers and asserted himself in such a way that he antagonized group members who responded by judging his behaviour unpleasant or intolerable. The other two classes discriminated between aggressive responses in the verbal and physical fields, the former representing an intellectualization of the aggressive drive (n. Aggression).
 - (vii) Disruptive peer interaction described activities which went beyond the limits of self-control. Either subject's own behaviour might be disruptive or he might disrupt the whole group's activity (n. Aggression).
 - (viii) Subject revealed a poor self-image by continuously belittling himself and by self-criticism in relation to peers (n. Abasement).
 - (ix) Subject sought approval from peers to combat his feelings of insecurity (n. Approval).
 - (x) Subject drew attention to himself by acting in an unusual or exhibitionistic manner (n. Exhibition).
 - (xi) Subject withdrew in peer interactions.
 - (xii) Submissive follower behaviour which manifested itself as passivity and lack of initiative.
 - (xiii) 'Protective and kind' described the subject who went out of his way to help a group member, especially a smaller or less able one (n. Nurturance).

(xiv) Bizarre pattern of behaviour described behaviour not usually observed in children's play but occasionally shown by subjects in this study. Examples of this were autistic pre-occupation or behaviour heavily laden with sexual connotations.

(b) Popularity: The Observer attempted to estimate the peer-acceptance level of each subject by noting how often the subject was chosen as a team mate, affiliatory remarks, closeness in games and indoor play, rejections and choices, hostile remarks and fighting. Five sub-divisions indicated the range of popularity:

- (i) Very popular, actively sought after;
- (ii) Accepted, liked;
- (iii) Not popular, ignored;
- (iv) Disliked and actively rejected;
- (v) Prefers solitary occupation.

(c) Social behaviour in relation to the Conductor: The rationale for including this variable was to alert the Observer to the quality of the subject's interaction with an adult and to note different responses to varying Conductor-behaviour. In a group observational study, Lewin, Lippitt and White (1939) first drew attention to differential social responses to varying authority. The Observer also noted the extent and type of communication between herself and each member of the group. This data might later be very valuable in planning a therapeutic programme as well as in guiding further probing by other diagnostic techniques.

The sub-divisions for assessing adult/child relationship were:

- (i) Co-operative and helpful;
- (ii) Seeks attention and approval;
- (iii) Neutral;
- (iv) Defiant;
- (v) Disobedient.

Three further categories, 'Anxious, fearful and timid', 'Suspicious and defensive' and 'Hostile', were originally included but were later omitted due to infrequent occurrence.

5. TASK ORIENTATION.

The psychological adjustment of the age group under observation is in many ways intimately linked with goal-directedness of behaviour and adequacy and efficiency of task-execution. Ganter and Polansky (1964) showed that sustained activity-span was one of the two most important personality dimensions in predicting accessibility to treatment. In view of these wider aspects of task behaviour, specific task-linked features such as persistence as well as quality of task-execution were coded and the cognitive performance and creative output were carefully assessed. Five sub-sections covered these varied aspects of task-execution:

(a) Attitude described orienting aspects ranging along the following continuum:

- (i) Interested and attentive;
- (ii) Selectively attentive;
- (iii) Distracted at times;
- (iv) Limited attention-span;
- (v) Daydreams, poor concentration.

(b) Spontaneity and Initiative referred to the subject's usual mode of tackling new tasks. The sub-divisions were:

- (i) Participates spontaneously;
- (ii) Needs a little encouragement;
- (iii) Needs a great deal of encouragement;
- (iv) Does not participate;
- (v) Refuses to participate.

(c) Persistence described the manner in which the subject executed tasks ranging from sustained work-activity to extremely poor application. The sub-divisions were:

- (i) Diligent;
- (ii) Persistent;
- (iii) Conforming;
- (iv) Short work span;
- (v) Readily abandons task.

(d) The ability the subject displayed described only the performance

aspects of task-execution. Adequacy was judged by contrasting the efficiency of various members.

- (i) Superior performance indicated an outstanding level as assessed in all group-tasks.
 - (ii) 'Above age level' represented ability in task-execution above the average standard.
 - (iii) At age level indicated an average task performance.
 - (iv) Below age level, through lack of ability, described a cognitively inadequate performance due to inherent inabilities.
 - (v) Below age level due to presence of anxiety described a performance which was handicapped by anxiety related to the task or 'free floating' anxiety.
- (e) Qualitative aspects: The cognitive excellence of the subject's performance in terms of resourcefulness and innovation was assessed in this sub-section. This type of information has been shown to be valuable in enhancing understanding of the level of school performance (Getzels and Jackson, 1962) and may be important in advising and guiding parents.

Creativity was analysed in terms of Guilford's (1959) divergent thinking process. Four features of task performance were considered broadly analogous to those isolated in his factor analytic studies. These were:

- (i) Creative and original performance as reflected in the novelty and elaboration of the products made with the unstructured play material at the first meeting.
- (ii) Imaginative responses, mainly ideational fluency and verbal fantasy, especially in psychodrama. Ideas of an unusual nature and restructuring of situations to achieve stimulus-free themes^{were} favourably recorded.
- (iii) Flexibility in the use of a variety of play material.
- (iv) Humorous responses; playfulness and incongruities were also noted under this category.

6. LANGUAGE AND COMMUNICATION.

Verbal communication described an integral aspect of the subject's social interaction while at the same time indicating his level of symbolic or abstract functioning. The child's ability to verbalize the aims of the clinic and his role within its setting has been shown to be the most important feature in predicting his accessibility to treatment (Ganter and Polansky, 1964).

Verbal ability, which has the highest correlation with measured intelligence, received considerable attention in the coding technique. The sub-divisions reflecting verbal ability were covered by:

- (a) Elocutionary ability, that is articulation and pronunciation of words and such signs as lisping, stuttering, hesitancy and accents.
- (b) Vocabulary, particularly the use of advanced and perceptually apt words during group activities.
- (c) Grammatical structure of sentences, excessive use of conjunctions, incomplete sentences, phrases, use of gibberish, neologisms and unintelligible words.

The following three sub-divisions were more closely linked to the subject's social integration than to his cognitive ability.

- (d) Spontaneity of speech referred to the full range of verbal communication from complete silence to uncontrolled, excessively uninhibited outbursts.
- (e) Amount of speech merely categorized the quantity of verbal communication into four divisions, - excessive, average, little or nil.
- (f) Communication with others: the pattern of the subject's verbal communication focused on social interaction variables as well as on interpeer and child/adult relationships. This was the most group-bound dimension and was served by four sub-divisions:
 - (i) No communication with group members.
 - (ii) Talking to self only.

(iii) Communication with one, two or three members.
(indicate 1, 2 or 3 in each subject's cell).

(iv) Communication with Conductor.

(g) The final category, Content, channelled observations toward noting other behavioural phenomena. The categories selected were: Egocentric, i.e. oriented toward self; Suggestions and advice; Critical and teasing; Reality- and Fantasy-oriented (particularly recorded in psychodrama); Humorous; Socially perceptive, and Boastful.

7. MOTOR ACTIVITIES.

The subject's motor activity was considered an intimate aspect of his social functioning, while skill in this area considerably boosted peer-acceptance and feelings of adequacy. The range of observations included 'uncontrolled' motor activity which might indicate minimal brain dysfunction (Strauss and Lehtinen, 1947).

Three aspects of motor activity were coded:

(a) Energy Level defined the activity level at which the subject played:

- (i) Very active and well directed;
- (ii) Average activity;
- (iii) Inactive, avoids vigorous actions;
- (iv) Markedly inactive.

(b) Skill and Dexterity contained descriptive sub-sections covering both large and small muscle coordination.

- (i) Dexterous and agile;
- (ii) Average;
- (iii) Clumsy;
- (iv) Awkward.

(c) Abnormal Motor Activity: This sub-division did not imply anything as gross as the presence of muscle paresis or mildly spastic movements

but deviations from the ordinary smooth functioning motor movements.

These deviations were categorized as follows:

- (i) Lethargy and apathy, which implied a physical inertness and lack of motor resilience not expected in a young, healthy child.
- (ii) The presence of any of the following nervous habits: tics, thumbsucking, nose-picking, scratching, pulling hair, masturbation and eye-blinking, and the occasions on which they appeared.
- (iii) Restlessness and fidgetiness exceeding that which one might usually accept as within the bounds of normality.
- (iv) Disinhibited, uncontrolled and wild behaviour, and particularly the occasions on which this behaviour became rife.

One to four plusses were frequently recorded for (iii) and (iv) above.

8. GENERAL AFFECTIVE TONE OF THE SUBJECT.

Emotional expressiveness covered a wide range of behaviour but was divided along a five-point continuum. The social milieu which evoked affective responses formed an integral aspect of the observations.

- (i) Elated expression described the child who was constantly happy, carefree and grinning, irrespective of the demands of the situation.
- (ii) Cheerful and happy covered emotional behaviour of a more discriminative nature, but nevertheless laughing, smiling, full of fun and enjoyment during group activities.
- (iii) Conforming emotional behaviour portrayed the passive child who received enjoyment from the activity but did not appear emotionally stimulated.
- (iv) Unemotional and 'flat' described a subject with a rather impassive face who lacked enjoyment in group participation.

- (v) A sullen facial expression described the lowest level of enjoyment expression.

9. RESPONSES TO PARTICULAR CUE SITUATIONS.

Here action patterns were specifically observed and coded in their stimulus-response sequence, and though this category frequently created overlapping of recorded material it allowed coding in terms of six general response patterns to a variety of evocative stimulus situations. The method of coding differed from that in all the other categories in that the subject's initial was placed in the appropriate 'Response Pattern' column, according to the specific evocative stimulus situation.

The selected response patterns were those frequently noted in the repertoire of children with behavioural disorders; they represented particular types of constructive and non-constructive behaviour while the selected situations all held anxiety-evoking potential for a subject with peer problems.

The response patterns were:

- (1) Adaptive, implying a constructive manipulation of the environment or an adequacy in coping with the various selected, potentially anxiety-arousing stimulus situations.
- (2) Aggressive responses covered the verbal and non-verbal behavioural expressions where the child lashed out against peers or authority.
- (3) Passive responses indicated mainly physical passivity and complete lack of initiative.
- (4) Regressive responses described patterns more readily expected of much younger children, particularly where the subject had previously indicated his level of functioning to be superior to the subsequent regressive responses.
- (5) Withdrawn responses indicated the use of active negative withdrawal response patterns as a preferred mode of functioning in specific situations.

- (6) Flexible responses closely resembled the set of behaviour seen in the younger child who modified his actions in accordance with the changing demands of the situation and as he familiarised himself with the environment. Thus the subject may withdraw at first, survey the scene, and gradually become constructively integrated.

The cue situation represented a cross-section of peer and task interactions where the subject's coping techniques might be strained and uncontrolled responses might emerge. The selected stimulus situations were:

- (1) Group situations. The presence of a group of peers might evoke a wide range of responses depending on how the subject perceived the group.
- (2) Novel situations. The novelty of the task set the stage for a variety of responses depending on the subject's problem-solving ability and his habitual behaviour in a new, cognitively demanding situation.
- (3) Frustrating situations. The subject's actions in response to the stimulus of being frustrated, either by peers or tasks, were observed and coded.
- (4) Aggression. The subject's reaction to aggressive peer behaviour was considered a particularly important cue situation for observation in this study.
- (5) Authority. The subject's response to authority and control exerted by the Conductor was coded. Resistant responses were occasionally recorded, though these were not listed as a common response category.
- (6) Group Pressure was included as an evocative stimulus because of its power in norm formation. Responses to this stimulus were infrequently recorded, probably because of the short-term nature of group interaction.

- (7) Competitive stimuli were included as the subject's achievement striving as well as his modal response patterns could be gauged by his reaction to these situations.
- (8), (9), (10) Winning, Losing and Taking Turns were mainly outdoor stimuli which allowed observation of level of frustration tolerance and typical reactions to these social situations.

10. SELF CONCEPT.

The Observer attempted to estimate the subject's perception of himself in relation to aspects of the situation, self and an adult. This approach reflected: (a) the Rogerian view which describes self concept in terms of the person's attitudes, feelings, perceptions and evaluations of himself as an object and; (b) evidence from empirical studies as reviewed by Campbell (1964). He suggested that in addition to seeing the self as an object, peer and adult relationships were also important in determining self-esteem. The estimate of self concept was included in this study to gain a fuller understanding of the subject's behaviour in interpersonal situations.

- (a) Self concept in relation to own abilities. This was mainly an inferential judgement based on such cues as relevant remarks, approach to cognitive and physical tasks and body posture.

One of four levels of confidence was recorded:

- (i) Overbold and overconfident;
- (ii) Confident and realistic;
- (iii) Lacking confidence, manifested in hesitance of actions;
- (iv) Markedly lacking in confidence.

- (b) Self concept in relation to feelings of acceptance by peers.

The Observer coded responses in one of three sub-sections according to overt signs of feelings of acceptance. The subject's behaviour when team mates were being chosen and his general confidence in participating in group activities threw light on this aspect of behaviour. The three sub-divisions were:

- (i) Feels accepted;

- (ii) Little emotional relationship; and
- (iii) Feels rejected.

11. LEVEL OF MATURITY.

This section represented an attempt to place an evaluatory stamp on previous observations. It also allowed an opportunity for classifying behaviour in a holistic framework as opposed to the previous segmentalizing of observations.

- (a) Level of emotional maturity. The level of the subject's emotional responses, particularly in frustrating situations, was estimated, and the affective ease with which he coped with stressful situations was noted. Coding of emotional maturity was divided into four sub-divisions representing:
 - (i) A superior level which described an exceptionally well-balanced and even-tempered performance, high frustration tolerance and emotional flexibility.
 - (ii) An average level described emotional functioning at expected age level.
 - (iii) An immature emotional level described labile emotional responses such as being easily angered, exhibition of low frustration tolerance, sulking, dependent behaviour and lack of emotional flexibility.
 - (iv) Over-controlled and over-inhibited emotional responses referred to a pattern of excessive inhibition with resultant inability to participate emotionally in-group activities.
- (b) Cognitive maturity level represented an estimate of the subject's intellectual functioning and his ability to handle the group situation constructively. Categories of attention, verbal, non-verbal and creative abilities had to be weighed before coding level of cognitive maturity into one of the following three sub-divisions:
 - (i) Superior rating described a keen interest in the environment and an insightful approach to cognitive tasks.

(ii) An average assessment described behaviour where the subject was able to 'hold his own', performing at his age level.

(iii) Cognitively inferior level referred to unresponsiveness to the environment and falling behind peers in intellectual tasks.

(c) Level of social maturity. The subject's social coping devices in group situations and his initiative to create situations in which he functioned optimally was observed and coded. This category was subdivided into:

(i) Well-adapted and constructive social responses.

(ii) Passive responses and lack of social initiative.

(iii) Maladaptive level of social functioning which described behaviour where the subject became very unco-operative, withdrew or acted very aggressively without sufficient provocation.

4.3.3. (vi)

(d) Coding of sociometric data from the Children's Questionnaire.

Transcribing the sociometric data from the Children's Questionnaire completed the coding process prior to rating all available material for statistical analysis. This data was accepted only as tentative evidence of sociometric status because of the limited range of choices and members' brief acquaintanceship.

A sociomatrix (Diagram 2) representing the sociometric data of popularity and 'outgoingness', present on p.i., was drawn up for each group according to the method described by Glanzer and Glaser (1959)

DIAGRAM 2. SOCIOMATRIX WITH BIPOLAR ENTRIES.

Number of choices (+) and rejections (-) received.

Number of choices and rejections made.

	Peter	John	Frank	Max	Sum of Rows	Extent of Outgoingness.
Peter	-	+3 -2	+1 -1	0	+4 -3	1
John	+4 -1	-	+1 -3	+4 -0	+9 -4	5
Frank	+2 -0	+2 -0	-	0	+4 -0	4
Max	+2 -1	0	+2 -0	-	+4 -1	3
Sum of Columns	+8 -2	+5 -2	+4 -4	+4 -0		
Extent of Popularity	+6	+3	0	4		

In this diagram:

1. Each row represents the number of times the subject chooses or rejects the column member.
2. The sum of the rows represents the number of choices and rejections made by the row member, and the difference between the choices and rejections indicates the chooser's extent of 'outgoingness'.
3. The sum of each column represents the number of choices and rejections the column member received. The numerical difference between the choices and rejections indicates the extent of his popularity in this group.

The sociometric data on Page iii focused on the subject's self concept and provided indirect information on his popularity. A sociodiagram, Diagram 3, was devised to show this diagrammatically.

DIAGRAM 3/.....

DIAGRAM 3. SOCIODIAGRAM WITH SINGLE ENTRIES.

Subject sees himself as receiving choices from
members in Column 1.

Column 1	Peter	John	Frank	Max	Sum of Rows
Peter	-	4	5	1	10
John	2	-	0	0	2
Frank	1	0	-	0	1
Max	3	0	0	-	3
Sum of Columns	6	4	5	1	

In this diagram:

1. Each column represents the number of times the subject sees himself as being chosen by the row member.
2. The sum of the columns represents the total number of times the subject sees himself as being chosen by group members; it reflects his estimate of his own popularity as well as his self concept in relation to peers, for instance Frank thinks Peter likes him very much; Max has a poor self concept in relation to group members; Peter considers himself very popular, has a good self concept and feels that Max likes him most.
3. The sum of the rows indicates the extent to which row members are seen by the others as liking them and this may be considered an indirect index of popularity of these row members. Here Peter is considered by members to be choosing them most frequently. This reflects the group's view that he likes them all and, indirectly, that they like him.

vii. Rating of recorded and coded data.

(a) Trait rating method: A rating procedure was undertaken to quantify the recorded and coded behavioural observations and selected clinical data prior to statistical analysis. The method of quantification closely resembles trait rating as described by Wright (1960), with the difference that in the present study the settings were artificially created as opposed to naturally occurring ones. He defined trait rating as a process whereby the observer 'selects dimensions of behaviour and bases judgements about them on observations during extended sequences of behaviour' (p.75). In accordance with this principle, each scaled rating represents a statement which reflects cumulative data on observed group behaviour.

In this study it was decided to follow Cattell's method of naming variables in a bipolar manner and using a trait rating technique which allowed for a large amount of data to become synthesized into relatively few rating categories. An important determinant in devising a method of quantification is the type of statistical procedure to be employed in the analysis of the data. Statistical procedures not only define the number and nature of the variables, but empirical studies employing similar statistical techniques also provide ready models for the selection of relevant variables.

As a multivariate statistical analysis scheme was selected, the size of the present sample determined that a maximum number of thirty to thirty-three variables could be used. Gradations within variables had to comply with linearity, and the distribution of ratings for subjects within each variable had to follow a broadly 'normal' pattern (Guilford, 1952).

(b) Rationale for selection of rating categories: Many reasons determined the selection of the final set of categories which was extracted from the rather detailed individual and group observations. Before discussing these reasons, the writer wishes to emphasize that the selected set is not necessarily the final one; it is merely

the one chosen for factor analysis in this study. An alternate set may later be devised where patterns which intercorrelate highly or are heavily loaded on the same factor may either be combined or one may be discarded in favour of the other; or further modifications may be introduced according to the need for categorizing behaviour which cannot readily be accommodated by this original set of descriptive categories.

The rationale for selecting particular categories for coding stemmed from several sources which will be discussed briefly.

(1) Theoretical orientations: The theoretical structure on which this study was built influenced the selecting of rating categories. The ego psychologists such as Hartmann have explicitly stated that not only the adaptive ego functions but also many other abilities related to the conflict-free sphere are employed in coping with the demands of the society in which the child lives, while Erikson stressed the epigenetic unfolding of modes of ego functioning in response to successive psycho-social phases. These and other ego functions discussed by Grinker et al (1968) and the modes of social action, 'making things' and 'making things together', so characteristic of the age-period under observation, were integrated into the variables selected for rating. Categories were also selected in line with social-learning theory which more specifically emphasizes learned behaviour patterns such as dependency, exhibitionism, co-operativeness and aggression.

(2) Empirical studies: Studies describing overt behaviour of children (Kagan and Moss, 1962; Murphy, 1962) particularly influenced the selection of variables as well as traits used by Cattell and his colleagues in their exploration of child personality structure. In addition, to relate data from the present investigation to other empirical studies, it was important to include variables comparable to the ones usually employed by Cattell in obtaining peer, teacher or parent ratings of children's behaviour. He also strongly advocated the inclusion of marker

variables which have high loadings on isolated factors. The selection of rating categories was, therefore, in accordance with the following well-documented factor analytic studies of personality structure in childhood (Digman, 1963; Cattell and Coan, 1957a,b; Cattell and Gruen, 1953) and beyond that with the intercorrelation studies of pre-factorial workers (Ackerson, 1942).

(3) Thirdly, particular aspects of social behaviour such as leadership, popularity and social flexibility were rated as the data in this study were group-originated and, therefore, essentially interactional in nature (Hare, Borgatta and Bales, 1965).

(4) Variables such as 'Relationship with Conductor' (E) have distinct diagnostic significance and were specifically included for their value in elucidating problem social behaviour.

(5) Finally, certain variables were introduced so that they could be validated against outside criteria, for example categories of 'Performance and Verbal Ability' (P and Q) which could be compared with 'Intelligence test level' (FF).

(c) Rating procedure: As it was not possible to enlist the assistance of co-raters, quantification of data had to be undertaken by the Investigator only and inter-rater reliabilities could not be established. However, certain precautions were taken to increase the reliability of the scores but, in spite of these precautions, a certain amount of observer bias remains since no additional observer was employed.

In the first instance, a period of time elapsed between the group observations and the rating. The Investigator did not refer to the clinic notes or test-scores prior to undertaking the rating so that the areas of problem behaviours and intelligence test scores could not be refreshed in her memory. This time interval ensured that the rating decisions were more closely tied to the recorded material and less influenced by recalled subjective impressions so that each subject's behaviour was assessed with approximately the same amount

of objectivity.

The second precaution was a methodological one and pertained to the method in which cue sub-divisions within each rating variable were defined and the technique of rating. The suggestions by Guilford (1954), Holt (1965) and Loevinger (1965) were carefully followed and will be discussed fully in Chapter VII.

The final precaution related to the assessment of parental attitudes. They were rated after all the other ratings had been completed, thus there was unlikely to have been a 'carry-over' effect from one set of ratings to the other as, at the time of rating, it was impossible to recall the scores individual subjects had achieved on specific variables.

The rating procedure included quantification of observational data gained at Diagnostic Group meetings, Parental Questionnaire responses as well as additional clinical data. Only the observational data will be discussed in this section.

A set of twenty-five Observational variables (Appendix IV.1) was defined and qualitative cue points were established along a five-point rating scale (Appendix IV.3.). As an intermediate step, in order to delineate the sub-divisions within each variable more precisely, cue words were chosen to represent the behaviour most congruent with the particular gradation. These cue words were subsequently incorporated in the final description of graded cue points representing differentiated behaviour and appear underlined in Appendix IV.3.

A manual for rating these twenty-five variables was compiled (Appendix IV.4.). The rating procedure involved careful synthesis of all comments, remarks and coded data at three group meetings and, together with data from the Children's Questionnaire, the Variables A to Y were quantified according to the schema described in Appendix IV.4. Briefly, the procedure entailed assembling and integrating all the observed data for all four group members relevant to one behavioural category at the three meetings. Once all the data had been integrated, the members were ranked in ascending or descending

order for the behaviour described in that particular category. The next step involved a close scrutiny of the five descriptive sub-divisions representing linear relationships between the polar extremes for this variable (Appendix IV.3.). Finally, a numerical value was assigned to each subject's behaviour according to the matching cue sub-division with which there appeared to be the greatest congruence. At this point it is relevant to mention that the rater took special care to keep the range of scores as wide as the data reasonably permitted in order to achieve a normal distribution of scores within each variable while such common response sets as 'halo' estimations, contamination, central grouping and leniency were carefully guarded against.

(d) Description and rationale for selection of observational variables: Diagnostic Group data were classified into variables A to Y which consisted of:

- (I) Six variables describing social behaviour patterns;
- (II) Four variables describing affective behaviour patterns;
- (III) Three variables describing motor behaviour patterns;
- (IV) Six variables describing cognitive and verbal behaviour patterns;
- (V) Six variables describing individual behaviour patterns.

The allocation of observational data to the above sets of categories was arbitrary and, though on many occasions behavioural sequences extended beyond the labelled confines, this subdivision allowed for a certain degree of organisation amid an overwhelming mass of facts.

1. SOCIAL BEHAVIOUR PATTERNS.

These patterns covered modes of action which manifested themselves in group situations. They reflected the activities of the individual-in-the-group as opposed to group activities and may be termed social-interaction variables.

A. OUTGOING versus WITHDRAWN: Social behaviour such as making social overtures, initiating social interplay and the amount and spontaneity accompanying this type of affiliatory behaviour was evaluated. Appraisal was supplemented by examining the Children's Questionnaire for evidence of outgoingness by noting the number of 'like and dislike' choices and the subject's direct responses to questions dealing with group experiences. The rater also evaluated the subject's need for pleasant social interaction and the amount of satisfaction he derived from this. Behaviour ranged from being outgoing, spontaneous and sociable through hesitancy in play and, lower down on the scale, shyness and seclusiveness with little or no play communication or enjoyment.

This variable was used by Cattell and Coan (1957 a & b) and has been shown to have high loading on a factor which they named 'Parmia versus Threctia', while Digman (1963) found a similar variably loading significantly on a factor which he named 'Surgent Excitement versus Desurgent Apathy'. Cattell and Gruen (1953) in their "Mooseheart School" investigation included a peer-behaviour rating listed as 'Likes to be with other people versus Likes to be by himself', which may be compared with this first variable in the present study. Similar behaviour 'Withdrawal from social interaction' (Variable 102) was described by Kagan and Moss (1962) as 'the child's tendency to withdraw from social situations with peers. Typical evidence includes reluctance to attend peer functions, and remaining on the sidelines in group situations' (p.173).

The inclusion of this eminently social behaviour pattern in an observational technique of peer interaction hardly needs justification. Murphy (1962), in an observational study of pre-school children, stressed the amount of pleasure the child derived from everyday activities. She proposed that varied sources of gratification were nature's safety measure for the youngster to explore a wide range of sensory, motor and social experiences.

Children differed not only in the areas which offered them gratification but also in the amount of pleasure they were able to derive from varied activities; differences which might possibly be related to the autonomic nervous system. Apart from the child's constitutional needs, the sources and amount of gratification were closely linked with past experience and previous social learning. In this context, Murphy described the increasing influence ego resources played by increasing competence in goal-attainment, self-control and enhancing social skills while simultaneously mastering socially annoying responses.

Finally, Churchill's (1965) work may be quoted as closer to the present study. In her group observations she showed that peer relationships were often reflected in social functioning. She provided a clinical guide for assessing disturbed behaviour by stressing the links with reality as well as the child's social needs and his motivation to change.

B. SOCIAL FLEXIBILITY versus RIGIDITY: The integrity and social responsiveness of the subject's play activity with its varied mutations constituted the major focus in this variable. Behaviour ranged from ready adaptation to many roles, alacrity and flexibility of participation in different activities to over-controlled, rigid, stereotyped social play. The rater evaluated the maturity and reality-bound nature of social responses. For the clinician this behaviour holds special significance as not only are social-coping techniques in the group laid bare but the response patterns of other group members to appropriate or inappropriate social actions of one member can readily be observed. In the clinical sphere the advantage of this type of flexibility representing ego-adaptive qualities may readily be contrasted with the maladaptive social responses inherent in social rigidity.

Cattell and Coan, and Digman included a trait: 'Rigid, has difficulty adjusting to changes or new situations versus Adaptable, flexible' which closely resembles social flexibility as

of socialized behaviours that characterize the adult female role' (p.187).

Theoretically, this is an important variable as, according to Eriksonian theory, co-operativeness in peer play aids social adjustment and competence, while Social-learning theory views co-operativeness with peers as an extension of early dependency behaviour transferred to peers in the middle childhood years.

E. GOOD versus POOR RELATIONSHIP WITH CONDUCTOR:

The attitude and behaviour of subjects toward the adult conducting the group was rated in this variable. Particular attention was directed toward their responses to her as a symbol of female authority, their dependency needs and their strivings for acceptance by adults. The range of behaviour evaluated spanned from 'helpful and eager to please' to 'rebellious flaunting of authority'. This behaviour pattern was considered sufficiently significant to separate from Variable D above - contrary to the practice followed by Cattell and his colleagues.

In diagnostic group situations Churchill (1965) advocated observing the relationship of a child toward an adult in the presence of other children, while Kagan and Moss included 'Conformity to adults' (Variable 28) in their general evaluation of aggressive behaviour. Briefly, they defined this as 'the degree to which the child accepted and practised the rules, standards and requests of adult authorities, primarily parents and teachers' (p.86).

The clinical significance of this behaviour cannot be overestimated as it not only permits insight into a child's feelings and actions toward authority or female figures but it may also provide cues for parental guidance and for modifying or resolving a child's prejudices which have resulted in social problems.

F. LEADER versus FOLLOWER:

Stone (1956) suggested that leadership behaviour may be gauged by examining three motives which, when integrated in a balanced manner, are perceived by the onlooker as leadership ability. These motives are: directive,

implying the intent to control or direct; assertive, that is the desire to assert one's own wishes over others, and integrative, which may be described as an idealistic desire to make the most out of a social situation. This regulation and control of drives constructively integrated into leadership behaviour may be accepted as a synthetic ego function. The presence of behavioural phenomena complying with the above requirements was necessary before rating behaviour as having leadership qualities. Particularly, dominant behaviour was not annotated 'leadership', nor was instigation to maladaptive patterns with resultant 'group contagion'.

Stogdill's (1950) definition of leadership as the process of constructively influencing activities of an organised group in its task of goal setting and goal achievement appears to be confined to the concept of work-leader, but in the present study the concept of social-emotional leader too received due consideration. These approaches of Stone and Stogdill reinforce the concept that leadership is a social quality and, as such, can only be assessed in a social setting. This great stress on the social determinants of leadership illustrates the vital role learning theory principles play in regulating social behaviour. Leadership also describes a great deal of personal behaviour in a social environment, and, by noting not only the presence or absence of the three motives suggested by Stone, but an imbalance much may be learnt. Too much directive drive may lend a dominant air to peer interaction; too much assertive drive may lead to ignoring others' needs, and thus hostilities may also be invoked. The difference between leadership and dominance has considerable clinical significance; the first quality is acceptable to peers whereas the second is not and often results in peer relationship problems. Recognition of these differences and subsequent effective guidance may be of considerable help in resolving children's social problems.

In empirical studies on group behaviour, no aspect has received greater attention than leadership. Roseborough (1953) explained this as being 'due to many factors, two of which may be a dominant value emphasis in our society or on adaptation to practical demands from the army, business and industrial organizations' (p.297). Cattell and Coan, and Digman included a social interaction trait in their factor analysis in which the negative pole resembled the 'follower' pattern as defined in the present study. This trait, 'Self-assertive, tends to dominate other children versus Submissive, follows lead of other children', did not really measure leadership, nor did Kagan and Moss or Murphy in their studies. These omissions may be ascribed to the different emphasis of these studies, particularly insofar as they were not group-oriented.

II. EMOTIONAL BEHAVIOUR PATTERNS

The affective level of functioning of a child attending a guidance clinic is of central importance to the clinician. The following four affective patterns were rated:

G. CHEERFUL versus DEPRESSED: This variable described the child's expressions and affective demeanour covering a wide range from elation to sullenness and unhappiness. The child's inner mood is usually readily reflected in his face and general expressive manner. Diagnostic cues may be revealed by indiscriminate smiling and excessive cheerfulness; behaviour which indicates a certain degree of lack of affective inhibition.

'Cheerful versus Depressed' appeared as a trait in the studies of Digman, and Cattell, and Coan.

H. EMOTIONAL EXPRESSIVENESS versus RIGIDITY: The extent and freedom of emotional responsiveness and affective ease as opposed to inhibition of affective spontaneity was assessed. This variable was included to identify subjects in whom affective

rigidity had impaired social relationships.

This behaviour was classified with affective behaviour patterns and not with individual response patterns as suggested by Jennings (1943). In a sociometric study she found that emotional expansiveness appeared stable within the individual's repertoire of expressions and functioned as a relatively constant, characteristic irrespective of social situations. Social expansiveness, as opposed to emotional expression, was more group-bound but in the present study the overt expression of both these sets of individual differences has been linked with situational determinants.

Murphy incorporated the concept of emotional expressiveness in her construct of flexibility as is patent from this descriptive passage: "Flexibility in emotional quality, intensity and openness was characteristic of many children in the group" (p.260).

Kelly and Fiske (1951), in an adult assessment study, described a similar pattern of behaviour as 'Limited overt emotional expression versus Marked overt emotional expression'.

I. GOOD versus POOR EMOTIONAL CONTROL: In this variable the level of emotional control was rated. The efficiency of the 'coping devices' which the subject mustered to meet an extended range of emotional demands in the group situation was evaluated while the child's level of impulse control further determined the final rating.

Kagan and Moss grouped a similar pattern, 'Behavioural disorganization' (Variable 12) with their cluster of aggression variables. They described this pattern as 'the degree of behavioural disorganization displayed by the child when he encountered frustration or attack.... During the school years the rating was based on uncontrolled destructive activity, rages and tantrums. One might view this rating as an index of the child's tolerance for frustration' (p.86). Kelly and Fiske described a genotypical behavioural

pattern, 'Appropriateness of emotional expression', resembling this variable. They defined the subject who failed to adapt his emotional responses to the demands of the situation, exhibited disorganized or overtly constricted emotional responses in contrast to responding spontaneously with well integrated and flexible patterns of emotional behaviour.

Many children referred to a clinic manifest problems of emotional control. This may be due to previous faulty learning reinforced by indiscriminate rewards, or it may be related to a failure to master one of the earlier nuclear conflicts of the ego, particularly Phase III when the child's psychic structures achieve a mutual balance to become an 'integrated psychological unit'.

J. AT EASE versus ANXIOUS: The child's affective state, ranging from complete ease and placidity to overtly anxious, fearful and apprehensive behaviour was rated. Reasons for including this aspect of emotional behaviour are self-evident as the subjects were a clinic sample, thus they abounded in fears, founded and unfounded. The construct of anxiety plays a central role in determining behaviour in both social-learning theory and ego psychology.

Factor studies of child personality structure by Cattell and Coan, and Digman included this behaviour as a trait: 'Placid, free from distress versus Fearful, worrying and anxious'. Cattell and Gruen also described a variable 'Never worried about anything versus Worries a lot about himself' in their peer-rating scale. They defined the source of anxiety as the individual's feelings of inferiority in relation to his abilities. Kagan and Moss discriminated finely between the various instigations to anxiety. They included six 'anxiety' variables in different behavioural categories. 'Anxiety over loss of nurturance' (Variable 16) was grouped with 'passive and dependent behaviour'; 'Anxiety over bodily harm' (Variable 7), 'Irrational fears' (Variable 70), and

'Avoidance of dangerous activity' (Variable 90) all represented physical harm anxiety. Two further variables, 'Anxiety to Fels visitor' (Variable 28) and 'Anxiety in novel situations' (Variable 24) were considered under the rubric of social-interaction.

III. MOTOR BEHAVIOUR PATTERNS.

These variables reflected the energy and activity level, integration and control of motor actions. It is recognized that individual variations in the degree, directedness and control of motor behaviour may stem from a variety of sources such as differences in affective state or the underlying neuronal integrity of the subject. Nevertheless, the categories used here refer only to the overt physical manifestations and do not attempt to point to casual factors. Three motor behaviour patterns were rated in this study.

K. KIND AND PROTECTIVE versus PHYSICALLY AGGRESSIVE:

The presence and extent of physical aggression such as hitting, harming or attacking peers was rated. This approach coincided with the operational concept of aggression defined by Kagan and Moss as a response of goal-directed behaviour which aimed at inflicting physical injury to a person. They distinguished between 'Physical aggression to same sex' (Variable 2) and 'Indirect aggression to peers' (Variable 3) which described non-physical aggression such as verbal threats, teasing, taunting and destruction or seizure of a peer's possessions.

Factor studies included a behaviour pattern, 'Non-aggressive, kind, considerate versus Aggressive, tends towards fighting, bullying, teasing, cruelty', which confounded verbal and physical aggressive responses and did not delimit the sex of the recipient. Murphy also described aggressive behaviour but focused on the use of aggression in the service of physical mastery or as a response to intolerable frustration. The motor component of aggressive behaviour was, however, given considerable weight as she divided aggressive responses along an activity-passivity continuum.

The small-group medium provides attractive opportunities for observing overtly aggressive behaviour together with the eliciting stimuli. The inclusion of this behavioural pattern in a clinic group is very important as many peer problems are related to frequent eruption of physical aggression which set these children apart as unacceptable playmates.

L. GOOD versus POOR MOTOR COORDINATION: The energy level of the subject, his control in terms of ability to coordinate motor activity smoothly and his level of efficiency in use of both large and small muscle groups were rated. The inclusion of a specific motor variable is justified by weighing physical proficiency fairly heavily in a social milieu where being efficient at games, running, catching and kicking a ball and similar skills add considerable lustre to a child's status and enhance his self concept.

It is of interest that in the Cattell and Coan, and Digman studies no trait comparable to this variable was included. Cattell and Gruen however, described an energy-level trait: 'Is slow about things versus Full of Pep'. Psychoanalysts view motor activity as a drive, present at all stages of development but achieving dominance at about the pre-school period (Mittelman, 1954). They therefore stress the importance of including motor activity in an assessment programme. This is borne out by Murphy's study in which she singled out varied patterns of activity and passivity in her observation of pre-school children. She related these variations of motor activity to a variety of determinants such as constitutional factors, low drive, low threshold for new situations, apprehension, enforced early motor limitations due to illness, maternal over-protection and prematurity. She described active children as having more frequent encounters with their environment so that they 'have more opportunities to develop varied cathexes, relationships or interests, more choices, more possibilities of substitutes as ways of handling frustration, more

experiences to use in trial and error solutions, more practice in skills, and thus more motor and affective resources for coping' (p.354). However, highly active children meet more obstacles and frustrations, experience more frequent failures and often overreach their own physical limits, become excessively fatigued and uncontrolled and in this way may well become less able to cope.

M. NORMAL versus HYPERKINETIC MOTOR ACTIVITY: The emotional control of motor behaviour was rated in this observational variable. The two poles described normal motor actions in contrast to wild, disruptive, disinhibited, hyperkinetic motor activity. The continuum of maladaptive motor activities ranged from excessive restlessness and fidgetiness to an apparent inability to exercise any control or self-discipline, which defined the lowest rating. In addition, the presence of nervous habits such as tics, thumbsucking, and nailbiting were accepted as overt behavioural phenomena stemming from emotional tension. The presence of this pattern of behaviour in the measurement scale does not imply that extremes of disinhibited behaviour were the order of the day, or even commonly present in a clinic population; it served as a means of focusing in a defined manner on motor behaviour which deviated from the normal.

The importance and implications of psychomotor disturbances of a hyperkinetic nature were first documented by Strauss and Lehtinen (1947): "Everyone who has observed brain-injured children in their state of hyperactivity or driveness can readily accept the statement that their reactions are so extra-ordinarily intense and disinhibited that they are released without control" (p.86).

Cattell and colleagues described two traits: 'Overactive, excitable, perhaps irritable versus Calm, relaxed' and 'Prone to "nervous habits" (e.g. thumbsucking, nailbiting, scratching, pulling and twisting hair, grimacing) versus Lacks nervous habits', which

may be considered analogous to the type of behaviour discussed in the present variable. The disruptive affective components in Cattell's two traits resemble the operational definition accepted for hyperkinetic motor activity as used in the present study.

In a discussion of normal pre-school behaviour, Murphy commented particularly on the absence of disorganized motor activity:

"In a more heterogeneous group of children, or a group which includes disturbed children, we see tension discharged through hyperactivity, disorganized activity, destructive activity or poorly integrated motor expressions such as grimaces, etc.

This type of activity was almost totally absent in the present group and probably distinguishes them from a disturbed or clinic group more than any other differentiation we could offer" (p.351).

Kagan and Moss included 'Hyperkinesis' (Variable 69) in their child rating scale. They emphasized that even in a non-pathological group of children who did not present the extreme syndrome there were some who were perennially restless. They contrasted 'children who are unable to inhibit impulses in action, especially uncontrolled aggressive outbursts' with the 'pokey lethargic child, who rarely displays restless, impulsive, or aimless motor discharge' (p.194).

IV. COGNITIVE AND VERBAL BEHAVIOUR.

This section described the varied facets of intellectual activity as gauged in a group-setting in contrast to data derived from intelligence tests.

N. ATTENTIVE versus INATTENTIVE: The ability of the child to attend, concentrate and maintain interest in a task at hand was rated. By noting attention-span the child's level of mental alertness may be gauged. However, poor attention may also indicate anxiety or boredom and, though reflecting low mental alertness, it does not necessarily reflect poor intellectual ability. Previous factor studies included this trait when seeking to

elucidate children's personality structure.

O. HIGH versus LOW CREATIVE ABILITY: The creative and imaginative richness projected in play and psychodrama was assessed as well as the flexibility and originality displayed in making objects from the material in the 'creativity' boxes. Creativity in this study was accepted as evidence of divergent as opposed to convergent thinking, in other words the subject who showed in his activities a tendency to think along different lines and present various solutions to problems as they arose was rated as creative (Guilford, 1959). Current theory and experimental research have focused on creativity in attempts to unravel the numerous factors which underly intelligent activity, particularly the relationship between creativity, school performance and social adjustment (Getzels and Jackson, 1962).

The clinician, alerted to the construct of creativity may set about nurturing its growth, encourage greater sensitivity to experience and more flexible relationships and in this way lay the foundation for fuller self-realization of the child in later years.

P. GOOD versus POOR PERFORMANCE ABILITY: The Investigator attempted to evaluate those activities resembling the performance aspect of an intelligence test. In the group meetings only two situations, box play and the puzzle game, really lent themselves to this type of assessment. The puzzle game may be considered a combination of the cognitive skills of analysing, synthesizing and reproducing two-dimensional figural design to create an organized whole. The latter ability of organizing and producing an integrated whole was more finely assessed in box play where objects had to be made from unstructured play material.

This facet of behaviour provides the clinician with valuable data on the cognitive functioning of the child. In the usual dyadic or social situation, judgement of intellectual level is often based

too much on verbal behaviour, therefore, by including the category now under discussion, the margin of error in assessing the subject's functional intelligence may be decreased. The rater's assessment based on the observation of the child engaged in tasks requiring the application of cognitive skills may be compared with the score on a test of performance intelligence.

VERBAL BEHAVIOUR.

In adult studies verbal behaviour is generally accepted as the crucial focus of analysis of group interaction. Bales' (1950) system of analysis dealt with twelve aspects of verbal interaction, while Frank et al (1952), in a group observational study in adults, considered dominant/submissive behaviour only as reflected in verbal interaction. Though in all observational studies it is mentioned that non-verbal behaviour is noted, final analysis may, in fact, usually be reduced to a systematic categorization of verbal communication.

In the present study, three aspects of verbal behaviour were included which indicated the importance attached to this facet of social interaction. An attempt has been made to rate verbal ability, verbal spontaneity and patterns of communication and finally verbal aggression.

Factorial studies include rather general categories of verbal behaviour: 'Quiet versus Talkative (noisy), distracting in class', and 'Expressive, frank versus Secretive, reserved' (Cattell and Coan, Digman). Cattell and Gruen rate only the amount of verbal communication: 'Talks a lot versus Says very little'.

Q. GOOD versus POOR VERBAL ABILITY: Linguistic ability was assessed by noting particularly vocabulary, grammatical usage, structure and content of conversation. As a measure of intellectual functioning, verbal ability carries much weight as the development of abstract thought is dependent on symbolic representation. The task of estimating the level of verbal

ability may possibly be considered an unnecessary imposition as there are much more valid instruments for measuring this cognitive ability. On the other hand, the rater's skill in evaluating verbal behaviour can readily be checked by comparing his estimates with scores on the verbal aspect of an intelligence test; the resulting correlation coefficient serves as concurrent validity for the observational data.

R. SPONTANEOUS versus INHIBITED VERBAL COMMUNICATION:

The amount, extent, spontaneity and patterns of verbal communication were rated. It is accepted that an individual's ability to communicate verbally is his most valuable social asset. His freedom in verbal expression reflects qualitative aspects of behaviour insofar as affiliatory needs and extent of outgoingness become overt. Excessive communication, too, holds special interest for the clinician as a marked lack of self-discipline in verbal communication suggests a central disinhibition.

Ganter and Polansky (1964) considered the child's ability to verbalize the purpose of the clinic in association with reasons for his attendance a significant factor in predicting subsequent accessibility to treatment. Kagan and Moss, though not really concerning themselves with cognitive variables, were fully cognisant of the importance of readiness to communicate about personal matters. They included: 'Introspectiveness' (Variable 108) which 'describes the individual's ability and willingness to discuss motives, goals, conflicts and sources of anxiety during the interview sessions' (p.195). This behaviour was assessed in the ten to fourteen-year-old group only.

The observations in the present study did not really allow the Observer sufficient opportunity to distinguish between every-day and introspective data. It was implicitly accepted that a child, who communicated readily, may gradually be encouraged to communicate in psychologically significant areas.

S. LITTLE versus MUCH VERBAL AGGRESSION: The presence and intensity of remarks which were specifically directed toward hurting or harming the feelings of or humiliating peers in the eyes of the group were rated. 'Indirect Aggression to peers' (Variable 6) described by Kagan and Moss, may be considered comparable to the present variable while the factor studies group verbal and physical aggression as a single trait.

Distinguishing between verbal and physical aggression becomes important in observing disturbed children. The subject's habitual mode of channelling his aggressive impulses constitutes an important observation because inability to cope with aggressive drive in socially-accepted ways is often the basic cause for referral to a clinic.

V. INDIVIDUAL BEHAVIOUR PATTERNS.

Certain aspects of a child's behavioural responses are stable and consistent within his expressive repertoire and do not readily undergo changes according to the set of social stimuli to which he is exposed. The variables to be discussed in this sub-section were considered to fall into this class.

T. GOOD versus POOR TASK PERSISTENCE: This pattern described the child's attitude to and habitual mode of approaching a variety of set tasks. A similar behaviour trait featured in the factor studies of Cattell and Coan, and Digman where it was presented as 'Quitting, fickle versus Persevering, determined'. Ganter and Polansky also found perseverance a significant aspect of a child's group behaviour in determining his subsequent persistence in group therapy.

Evaluating task persistence may serve a useful function in allowing extrapolation from the group to the school situation where the child is faced with the task of acquiring academic knowledge. The great variety and intrinsic interest of the tasks presented during the group meetings, the intimate nature of the

group and the relatively short period during which demands were made on the child all served to give the rater the opportunity of assessing task persistence at its optimal level. Therefore, if inadequacies presented in these group situations, a much greater inadequacy in real-life was suggested.

U. HIGH versus LOW INTERPERSONAL SENSITIVITY: The child's insight into and comprehension of his own and others' group relationships and attributes were assessed in this variable. Apart from remarks the child made during group meetings, the data for assessing this parameter was gleaned from an analysis of the Children's Questionnaire. This variable may be compared with 'socio-empathic ability' in children described by Ausubel, Schiff and Gasser (1952) as 'perception of own and others' sociometric status' (p.125). Gage and Cronbach (1965), dealing with the methodological problems in interpersonal perception, greatly stressed the need for sharpened conceptualization in this vital area of psychological research. They concluded that: "Knowledge about interpersonal perception is intended to be significant for social psychology and personality theory, as well as for practical problems in leadership, marital relations, clinical work and teaching" (p.237). Mann (1959) also stressed interpersonal sensitivity as a very vital variable in an analysis of group studies dealing with young adults. At the other end of the age scale, Murphy briefly touched on a similar category in which she described the child's receptivity to affective and social cues along the activity-passivity axis.

This 'social perception' variable in the present study aimed at providing the clinician with source data for modifying a subject's social sensitivity in a therapy situation.

V. UNREALISTICALLY HIGH versus LOW SELF CONCEPT: The way in which the child views his own abilities and social qualities was rated in this variable. The range spanned from over-confidence

with a markedly enhanced self concept to a complete lack of self confidence coupled with an unrealistically low self image. The assessment of this construct implied a genotypical extraction, as various overt behavioural phenomena such as readiness to tackle new and potentially demanding tasks and written and spoken statements on the subject's attitude toward himself and others had to be synthesized before final presentation as an index of self concept.

The theoretical basis for including this variable may be traced to the writings of Rogers (1951), who stated that: "The best vantage point for understanding behaviour is from the internal frame of reference of the individual himself" (p.494), and his later elaboration which emphasized the social setting of the emerging self: "As a result of interaction with the environment and particularly as a result of evaluational interaction with others, the structure of self is formed - an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or the 'me', together with values attached to these concepts" (p.498). This statement also stresses the importance of evaluating the previous variable, 'Interpersonal Sensitivity', in understanding social behaviour. Ego psychologists (Erikson, 1963; White, 1967) also stressed the growth of self esteem in their concept of healthy ego-growth. Final support for including this variable is supplied by Vernon (1964), who strongly advocated using constructs such as self concept as opposed to deeper psychic structures when analysing individual behaviour.

The factor studies included a very similar trait described as: 'Lacking in self-confidence, easily discouraged or defeated versus Confident (perhaps over-confident) of own abilities and ideas'. Cattell and Gruen, too, considered self concept in their trait: 'Is sure of himself versus Is not sure of himself'. Kagan and Moss observed and recorded various behavioural phenomena in which the self concept may well be assumed as

determining the response patterns but they did not use this construct as such. Under achievement behaviour they described: 'Expectancy of failure in task situations' (Variable 88) which measured the extent to which the child anticipated failure in challenging task situations. Evidence for this was drawn from statements of inadequacy revealed to parents and interviewer and indications of avoiding achievement-related situations. 'Withdrawal from expected failure or rejection' (Variable 84) dealt with withdrawal from situations in which the child anticipated failure or social rejection.

W. EXHIBITIONISTIC versus NOT EXHIBITIONISTIC:

This behavioural category described exhibitionistic, 'show-off', attention-seeking activity, balanced against self-effacing, modest, publicity-shunning actions.

Factor studies included a trait, 'Self-centred, conceited, boastful, 'show-off' versus Self-abasive, deferent, minimises own importance'. Cattell and Gruen described a similar behavioural pattern, 'Does not need a lot of attention versus Wants a lot of attention', defined as the person who can play independently without showing off as opposed to the braggart who dominates the spotlight. They directly opposed attention-seeking behaviour with independence. Kagan and Moss dealt extensively with dependency behaviour but did not include a pattern comparable to attention-seeking in their behavioural ratings.

Social-learning theory equates exhibitionistic behaviour with dependency and in Sears' studies attention-seeking behaviour is also classified as dependent. In the present study the presence of exhibitionistic behaviour was rated according to overt manifestations and without relation to its etiological roots. Attention-seeking behaviour, so often a presenting symptom in subjects attending a clinic, may be traced to various other motivational needs and what is viewed by the parent as gross delinquency, for instance

setting fires to hedges or stealing, may be desperate attempts on the part of a child to gain recognition. A wider understanding of the varied dynamics of exhibitionism may help the clinician in formulating more effective therapeutic programmes.

X. INDEPENDENT versus DEPENDENT: The presence and extent of autonomous, independent task behaviour as opposed to indecisive dependence associated with reliance on peers and adults, was evaluated.

Factor studies documented two traits, 'Self-sufficient, independent versus Dependent on teacher' and 'Prefers not to be noticed versus Demanding of teacher's attention', which may both be accepted as describing behaviour similar to that rated in the variable now under discussion. Murphy's observations, linked to her theoretical orientations, were also closely focused on autonomous behaviour of pre-school children as during this age period: "Autonomy has come into full flower and initiative is in the process of blossoming as dividends for the ego from the maturing of drives and their interaction with the environment" (p.207). Kagan and Moss, too, concentrating on stability of behaviour patterns, followed passivity and dependency from their earliest manifestations to adulthood. They described three longitudinal variables in their age group comparable to the present study. These were 'Affectional dependence' (Variable 91) which described the child as seeking affection, acceptance and emotional reassurance from adults, 'Instrumental dependence' (Variable 92) described the child as seeking help in problem situations and Independence (Variable 77) which was separately evaluated as independent behaviour in threatening and problem-solving situations.

Ego psychologists lay great stress on the vital importance of dependence in determining the pattern of the child's behaviour. Erikson considered inability to achieve independence a failure in mastering the second nuclear crisis in the personality development of the growing child. He made the clear distinction that children

who have not mastered the basic trust and the autonomy phases of development are not satisfactory candidates for group therapy, and must first be allowed, in individual therapy, to work through these phases before proceeding to group psychotherapy.

Y. HIGH versus LOW n. ACHIEVEMENT: The presence of achievement-oriented behaviour was evaluated by noting attempts to excel both in academic and sporting spheres. The definition of achievement which was accepted is one suggested by McClelland et al (1953), that is, behaviour aimed at satisfying a standard of excellence.

Though the factor studies did not include this type of behaviour, they acknowledged the presence of 'level of aspiration' behaviour in the following trait: 'Adventurous, bold, willing to take the chance of possible rejection or injury versus Retiring and cautious'. Both extremes suggest a low level of n. Achievement (McClelland, 1958). Kagan and Moss considered achievement and recognition as one of the four main patterns of behaviour in their longitudinal follow-up study. They described seven variables relating to achievement and three withdrawal variables which together make up achievement behaviour. 'General achievement-mastery behavior' (Variable 25) most closely resembles the category in the present study. It described achievement-oriented actions in global terms without differentiating between specific aspects of behaviour. This was rated by noting general persistence and involvement in tasks in which a standard of excellence could be discerned. 'Intellectual achievement' (Variable 98), described achievement-oriented behaviour in terms of intellectual performance, while 'Mechanical achievement' (Variable 99) described behaviour in relation to mastering mechanical tasks; 'Athletic achievement' (Variable 100) described involvement and time spent on athletic activities. 'Recognition behaviour' (Variable 19) evaluated the child's status and strivings for goals of social recognition, and 'Competitiveness' (Variable 83)

assessed the extent to which the child competed with peers for superiority on any task. These behaviours all pointed to attainment of achievement and recognition goals while fear of failure might deter this behaviour despite high motivation. Kagan and Moss therefore introduced three variables describing fear of failure and withdrawal from task situations.

Not only empirical but also theoretical considerations support the inclusion of achievement behaviour in the present study. Competitive activity is one of the basic preoccupations of the ego during the middle childhood period. Thus the level of achievement strivings may indicate to the clinician the efficiency of ego functioning of the child. Social-learning theory holds that competitive behaviour is learned at about the age of three and, in response to the characteristic Western social structure, should be well established in the age group observed in this study.

4.3.4. Parental Questionnaire.

Though the plea by Foulkes and Anthony (1965) for observing children in their homes could not be met, the importance of examining parent-child relationship in a clinical study of this nature still remained. The questionnaire medium was considered a practical and economic technique to answer this need.

Questionnaire data generally reflects the perceptual bias of the person completing it; therefore it was decided to use this feature to assess certain child-oriented parental attitudes through the medium of a Parental Questionnaire (Appendix V.1) which will be described in this section.

(i) Rationale.

Briefly, reasons for introducing this technique were:

- (a) The theoretical frame of this study greatly emphasised the relationship between child-rearing practices and subsequent behaviour patterns of children. This orientation, together with the vast body of research

(Hoffman and Lippitt, 1960; Becker, 1964) linking parental behaviour and attitudes and child personality, stimulated the search for meaningful relationships which could emerge in the present study.

- (b) To contrast parental perceptions of their children with a clinician's impressions gained by direct observation.
- (c) To permit parental attitude variables similar to those in previous factorial studies of child personality structure to be included in the statistical analysis. The set of factors extracted from this analysis could be evaluated for construct and cross validity.
- (d) To evaluate the usefulness of this technique in the child guidance clinic.

(ii) Description.

The Questionnaire was designed to cover a broad range of inter-peer and personal aspects of behaviour. Questions were structured in a multiple choice design, usually ranging along a five-point continuum with the last alternative allowing the parents the opportunity of not committing themselves. Thirty-five questions covered behaviour patterns similar to those observed at Diagnostic Group meetings. Parents were asked to respond with appropriate check-marks indicating mother's and father's choices where parents differed. They were also asked to note any aspects of their child's behaviour which were particularly annoying. The questions will not be discussed here as they are fully set out from Page 174 onwards and may also readily be read in Appendix V.1.

(iii) Method of rating.

The method of rating the Parental Questionnaire responses differed from that used in group observations insofar as the range of responses was much more limited. A binary scale was devised as this was found expedient in a previous experimental study

(Cattell and Coan, 1957b) and the data did not really lend itself to greater discrimination. In this scale the allocation of a lower rating left no doubt as to whether a subject exhibited the negative aspect of the particular behaviour as all doubtful decisions were given the benefit of the more desirable score.

The rating scheme (Appendix V.3) incorporated a general set of rules plus detailed instructions for rating each variable together with definite indications of questions which weighed more in determining the final score. Particular attention was also directed to parents' remarks next to questions and greater reliability was introduced in the rating procedure by ensuring that virtually every variable was assessed by the integration of two, or often more responses.

The Parental Questionnaire was originally constructed to cover areas of behaviour similar to those observed at group meetings. Therefore the behaviour patterns derived from this instrument, in essence, resembled those previously described in the Diagnostic Group method. They also overlapped with many parental questionnaire ratings of child behaviour as described by Cattell and Coan (1957b). The rated data may be subdivided into the following five areas:

- A. Six variables describing social behaviour patterns.
- B. Four variables describing emotional behaviour patterns.
- C. Three variables describing motor behaviour patterns.
- D. Three variables describing cognitive behaviour patterns.
- E. Nine variables describing level of maturity and personal behaviour patterns.

The complete list of twenty-five Parental Questionnaire variables is reproduced in Appendix V.2. An operational definition for each variable and the questions which were considered in the rating procedure are set out below.

A. SOCIAL BEHAVIOUR PATTERNS.

1. OUTGOING versus SHY: This variable described outgoing behaviour where the child mixed freely with other children as opposed to being shy and fearful of other children. This behaviour was rated by noting responses to Question 18(i) How does your child generally behave on entering school for the first time or on entering a new class ? and Question 31, which describes the extent of outgoingness the child displays in the company of other children.

2. SOCIABLE versus UNSOCIABLE: This variable described the child's readiness to seek friends as opposed to playing alone. It was rated by noting responses to Question 3 which deals with the child's social behaviour during weekends and Question 20 which covers the child's attitude to belonging to outside groups.

3. POPULAR versus UNPOPULAR: The extent to which a child was in demand as a playmate as opposed to being ignored or rejected by friends was described in this variable. Question 17 asks this question fairly directly.

4. CO-OPERATIVE versus UNCO-OPERATIVE: This variable described the child's ability to play amicably with friends. It was rated by noting responses to Question 16, which covers a wide range of social behaviours in peer situations; check marks against co-operative or disruptive type of play partly determined the rating, while Question 18(v) describes the child's attitude to structured peer games.

The following two questions were used merely as guides:

Question 10, which deals with nurturant behaviour and

Question 18(vii) which covers the child's behaviour when his wishes are thwarted by friends.

5. GOOD versus POOR RELATIONSHIP WITH ADULTS:

The child's ability to maintain a friendly relationship with adults was rated. In Question 32 the parents are asked to check the category which most aptly describes their child's behaviour in the company of adults.

6. LEADER versus FOLLOWER: This variable described the parents' assessment of their child's leadership ability. In rating, their responses to the following questions were integrated: Question 13, which deals with leadership behaviour in play groups, and Question 16(d), where they are specifically asked to check 'leadership' if this is characteristic of their child's behaviour.

B. EMOTIONAL BEHAVIOUR PATTERNS.

These patterns covered some of the affective aspects of the child's activities.

7. CHEERFUL versus DEPRESSED: This variable described a child's disposition ranging from cheerful and happy to unhappy, depressed and irritable. Question 15 asks directly about the child's mood.

8. SELDOM SULKS versus OFTEN SULKS: This variable described whether the child habitually sulked in certain specified situations. Note responses to Question 14, which describes the child's behaviour when reprimanded for a transgression; Question 18(iv), which covers the child's response on being given a command by his parents; Question 18(vi), which describes the child's behaviour on being surpassed by friends in schoolwork; Question 18(vii), which covers behaviour when frustrated by friends, and Question 29 in which parents are asked to select the appropriate behaviour pattern when they thwart their children's wishes.

9. NO TEMPER TANTRUMS versus SOME TEMPER TANTRUMS:

The presence or absence of temper display in various frustrating situations was described in this variable. The following questions aid in the rating: Question 18(i), which deals with behaviour on entering school or a new class; Question 18(iv), which deals with the child's reaction to parental discipline and Question 29, which describes the child's responses when his wishes are thwarted.

10. FEW versus MARKED FEARS: The extent of the child's fear was rated. In Question 9 parents are asked about their children's fears.

C. MOTOR BEHAVIOUR PATTERNS.

11. SELDOM FIGHTS versus OFTEN FIGHTS: The presence of physical aggression was rated in this variable. The following questions determined the rating: Question 4, which asks how often the child is involved in fighting incidences; Question 16, which also covers fighting and disruptive peer interaction and Question 18(ii), which describes the child's responses on being attacked by a playmate.

12. SKILFUL versus NOT SKILFUL: This variable described the child who was particularly skilful in motor activities as opposed to the average or even a clumsy or awkward child. Responses to the following questions were considered: Question 23, which asks about the child's agility in gross motor movements and Question 24, which deals with small muscle movements.

13. ACTIVE versus NOT ACTIVE: Here the child's usual mode of play behaviour after school was rated. Question 11 describes a range of motor activities.

D. COGNITIVE BEHAVIOUR PATTERNS.

14. INTERESTED IN SCHOOL versus NOT INTERESTED: This variable described enthusiastic interest in school activities as opposed to not being keen to attend and even being a disturbing influence in class. This was rated by noting response to Question 19, which describes behaviour at school.

15. VERY CREATIVE PLAY versus NOT CREATIVE PLAY: The originality and flexibility of the child's play was rated in this variable. In Question 22 the child's resourcefulness in play is enquired into.

16. SUPERIOR INTELLIGENCE versus AVERAGE OR BELOW: The parental estimate of the child's level of intelligence was rated in this variable. To assess this the rater examined Question 30, which deals with the parent's estimate of the child's level of intelligence, and Question 28, which covers the child's verbal ability.

E. LEVEL OF MATURITY AND PERSONAL BEHAVIOUR PATTERNS.

17. RARELY CRIES versus OFTEN CRIES: This variable described the frequency and readiness with which a child cried when he was displeased. This was rated by noting responses to the following set of questions: Question 14, which describes the child's reaction when reprimanded for naughty behaviour; Question 18(ii), which describes reactions to being attacked by peers; Question 18(v), which covers the child's responses to structured games; Question 18(vii), which describes a child's behaviour when friends do not want to play a game of his choice, and Question 29, which covers the child's reactions when his wishes are generally thwarted.

18. TALKATIVE versus QUIET: This variable described the spontaneity and extent of the child's verbal communications and is directly enquired into in Question 27.
19. RARELY COMPLAINS versus COMPLAINS OFTEN: The frequency of complaining behaviour of a child was rated. Responses to the following questions were examined: Question 14, which deals with the child's reaction to verbal reprimand or naughty behaviour, and Question 26, which describes how often the child says he has no one to play with.
20. GOOD versus POOR TASK PERSISTENCE: This variable covered the child's approach to work both at school and at home. In rating, responses to Question 21, which provides a large range of task behaviours, were scrutinized.
21. NEAT versus UNTIDY: This variable covered the child's neatness with respect to his personal possessions and was assessed by noting responses to Question 12, which asked about the child's neatness.
22. VERY CONFIDENT versus LACKS CONFIDENCE: This variable described the child's level of confidence. In rating, response to Question 25, which deals with the parental assessment of the child's estimate of his own ability, was noted.
23. OFTEN 'SHOWS OFF' versus DOES NOT 'SHOW OFF': The child's attention-seeking behaviour and desire to be the centre of attraction was rated in this variable according to responses to the following questions: Question 8, which deals with child's attitude toward being the centre of attraction and Question 16 (k,m), which covers attention-seeking behaviour in play situations as well as extreme modesty.

24. INDEPENDENT versus NOT INDEPENDENT: This variable described the extent to which the child sought help from his parents or others. It was assessed in Question 6, which deals with the child's decision-making ability, and Question 7, where the child's tendency to copy others is queried. In Question 16(c) independent behaviour as such may be checked off while Question 1(c) describes the child as standing up for his own rights when reprimanded.

25. STRIVES TO ACHIEVE versus DOES NOT STRIVE: This variable described the child's ambition to achieve both in the academic and sports fields. It was rated by noting the parents' responses to Question 2, describing the child's attitude to school-work and sport, and Question 18(vi), which describes the child's behaviour on being informed that he has been surpassed by his classmates.

Although the above extensive rating procedure was undertaken to gain a broad view of the parents' perception of their children, in fact only fifteen of these variables were selected for statistical comparison with observational data. This selected set of variables and other stylistic features of the responses to the questions were synthesized in the rating of a set of Parental Attitudes.

(iv). Parental Attitude Patterns.

Five Parental Attitude variables (Appendix VI.1., AA to EE), which will be discussed in this sub-section, were selected to enter into the factor analysis.

(a) Source data for rating selected child-oriented parental attitudes.

When a child is admitted to the Clinic, staff members interview the parent(s) seeking diagnostic data on the nature of the problem, developmental milestones, disciplinary regime and interpersonal relationships. This information in the first place determined the child's suitability for participation in this

empirical study. It also served as a guide in the rating of selected parental attitudes and interparent relationships. The kind of information gleaned from these interviews covered parents' warmth and acceptance of the child, type of discipline meted out to the child, interparent relationships and degree of parental insight into the child's problem. Apart from the above source pertinent data from the Parental Questionnaire was also included in the rating of parental attitudes.

(b) Rationale for including selected Parental Attitude variables in the research design.

Generally, developmental literature abounds with references to relationships between parent and child behaviour. A brief discussion of a few studies may indicate to the reader not only why parental attitude variables were considered relevant, but also the reasons for selecting certain ones used in the present investigation.

In an important pioneering study, Levy (1937) documented a positive relationship between severe emotional disturbances and maternal hostility in girls. Later the search for isolating important parameters in parent/child relationship was initiated at the Fels Institute where the Fels Parent Behavior Rating Scale, devised by Champney (1941), was subjected to statistical analysis. Three main dimensions emerged: 'warmth' of parent/child relationship, intellectual objectivity of attitude toward child and measure of control exercised by parents (Baldwin, Kalhorn and Breese, 1949).

Later work by Sears, Maccoby and Levin (1957) repeatedly emphasized the importance of various child-rearing patterns and the vital role parental behaviour played in the development of the child's personality. Though Sears followed the mother's training procedures rather closely, ignoring the role of the father, many other studies may be quoted as stressing the importance of the

self-concept were related to the maladjusted father's thwarting of the child's wishes. They also made a strong plea for greater attention to the role of the father in child development studies. Bandura (1960), in a 'socio-behaviouristically oriented empirical study of the relationship between childhood aggression and parent behaviour also laid great stress on parents' behaviour as a model for the child to emulate.

Kagan and Moss (1962) paid particular attention to four aspects of maternal behaviour in their longitudinal study. These were protection, restrictiveness, hostility and acceleration. Cattell and Coan (1957b) included two parental behaviour traits in their factor studies: 'Parents appear rejecting toward child versus Parents appear generally accepting toward child' and 'Parents appear dominating, overprotective toward child versus Parents relatively permissive, allow child to make independent decisions'. Their second parental variable appeared rather compounded bringing in the dimensions of control and overprotection.

Affectional and power relationships between parents have been stressed as important factors in accounting for the association between parental behaviour and child personality (Hoffman and Lippitt, 1960). Studies about the relationship between marital discord and child personality have generally been rather inconclusive but they do indicate a difference in the effect on boys and girls. The theoretical link between marital tension and child behaviour may be: (a) the child perceives the tension and therefore feels insecure; (b) marital tension may lead to parental rejection for such varied reasons as preventing the dissolution of an unhappy marriage or a resemblance to the disliked spouse; (c) the child may become a source for displaced aggression, a scapegoat; (d) marital disharmony may lead to too intense an emotional involvement with a child or insufficient or inconsistent parental authority.

This brief overview of empirical evidence and the developmental framework of the present study strongly substantiate the decision to couple selected child-oriented parental attitudes with observational data in the statistical analysis. This may subsequently allow greater clinical significance to be attached to the results; new hypotheses may be suggested and the pattern of factor loadings may be compared with other related studies.

The restricted source data on which these attitudes were rated limited the number of patterns which could be assessed; furthermore, difficulties arose in the rating procedure as the spouses' attitudes frequently appeared diametrically opposed. In rating, the parent whose role was considered of more psychological significance in accounting for the subject's problems was weighted on clinical evidence and not in relation to the theoretical expectations.

(c) Description of Parental Attitude variables.

An operational definition for each variable and the data which was synthesized in the rating procedure will be outlined briefly while the selected attitudes will be contrasted with similar ones in other rating scales. Quantification of the Parental Attitudes along a five-point scale was undertaken subsequent to the completion of all the group observational ratings so as to minimise bias in the rating procedure. A description of the scale point cues within each of the five Parental Attitude variables is available in Appendix VI.2.

AA. ACCEPTING versus REJECTING PARENTS. The parental attitude in terms of warmth, responsiveness and acceptance of the subject and his problems was rated. Case histories were scrutinized for such data as parents tolerating, excusing or laughingly ignoring extremes of behaviour usually not acceptable to the ordinary parent; or parents revolting against or finding behaviour abhorrent, which is normally completely acceptable to the ordinary parent.

The Parental Questionnaire was scrutinized for very numerous positive or negative qualities assigned to a child and types of child behaviour parents found very annoying.

In the Fels Behavior Rating Scale the dimension of 'Warmth' is covered by five variables:

Acceptance (7.2.);
 Direction of Criticism (5.2.);
 Affectionateness (8.3.);
 Rapport (8.4.); and
 Child-centredness (1.91.).

Acceptance of Child (Devotion-Rejection 7.2), which reflects a generalized warmth in behaviour and measures the parent's fondness for his child and the enjoyment he derived from him, most closely resembles the present variable.

BB. PERMISSIVE versus STRICT PARENTS. This variable covered the type and extent of discipline reigning in the home and the degree of parental concordance on the question of discipline. Not only was this assessed by examining the clinic case records but the Parental Questionnaire also yielded related data. In Question 34 parents are specifically questioned on their disciplinary regime.

In the Fels Scale this attitude is covered by two variables, Restrictiveness of Regulation (3.11) and Coerciveness of Suggestions (3.22.).

CC. NONCHALANT versus OVER-ANXIOUS AWARENESS OF PROBLEM:

The degree of parental insight and the amount of anxiety in relation to reality, which the child's problem had engendered in the parent, was rated. Parents' attitudes toward their children's problems are generally directly linked with the extent of their emotional involvement with these children.

Among the group of indulgence variables, Baldwin et al described Solicitousness for Child's Welfare (Anxious - Nonchalant, 71) which reflects the parents' tendency to be concerned about their children's welfare. Though this Fels variable refers to the child's everyday activities, the resemblance to the present variable (CC) is very definite. Both reflect the parent's perception of the child's welfare and reveal 'insight into the anxiety or nonchalance with which the child is handled' (p.9). Variable CC also resembles the dimension of 'Calm detachment versus Anxious emotional involvement' postulated by Becker (1964).

DD. HARMONIOUS versus HOSTILE INTERPARENT RELATIONSHIP:

Attention was directed at the emotional aspects of interparent relationship particularly as twelve subjects (19%) came from broken homes. This variable represented a very broad dimension of interparent affectional relationships without an attempt to define any specific area of marital tension.

A great deal of inference was necessary in rating as none of the standard marital adjustment scales was used and the child clinic setting does not permit of probing into intimate marital relations. The source data for rating this variable originated from close scrutiny of the clinic files for generally hostile, complaining or loving remarks and indications of parents' personality features, particularly whether they were capable of establishing a mutually harmonious relationship. Although the relationship between divorced couples might appear neutral during the presenting interview, the rater assumed that hostilities existed during the period of

break-up when the subjects, in every case, were at a vulnerable age. Therefore divorced couples automatically gained a rating of '1' whereas all other parents were rated on a continuum from harmonious to ostensibly hostile relationships.

The Fels Behavior Rating Scale contains a cluster of variables describing 'adjustment in the home'. These are: Adjustment (1.1), Discord (1.5), Effectiveness (3.17) and Disciplinary Friction (3.18). Of these variables, Discord in the Home (Conflict-Harmony, 1.5) most closely resembles Variable DD in the present study.

EE. HIGH versus LOW LEVEL OF PARENTAL OBJECTIVITY: This variable reflected the degree of objectivity of parental assessment of their children's behaviour. The rating method, suggested by Radloff (1968), was to note the number of agreements between selected Parental Questionnaire ratings and matched Observational ratings. The number of agreements were scaled along a five-point continuum; parents with many agreements qualified for the upper end with high objectivity while few agreements represented a low index of objectivity. This variable resembles the Fels rating, Understanding (8.1), which describes the mother's emotional and intellectual ability to appraise her child's behaviour objectively.

4.3.5. Intelligence test level, Age and Sex.

In addition to Observational and Parental Attitude variables, three further variables entered into the statistical analysis. Those were all derived from clinic files.

(i) Intelligence test level.

The rationale for including the intelligence test scores in the factor analysis may be traced to the weight Cattell (1957) assigned to intellectual ability in the structure of personality; he described intelligence as his second source trait in an analysis of L-Data. In addition intelligence scores represented a source

of proven validity against which other cognitive variables could be measured. Also, as the Intelligence test scores were available in the present sample, these measurements were used in preference to a 'grade-rating' as in the Cattell and Coan (1957b) study.

At least one of the following intelligence tests was administered routinely by Clinic staff members to the whole sample.

Wechsler Intelligence Scale for Children (Wechsler, 1949);
New South African Individual Scale (1964);
Stanford-Binet Intelligence Scale (Terman and Merrill, 1960);
Individual Scale of the National Bureau (Fick, 1939).

FF. VERY BRIGHT versus VERY DULL: Intelligence test scores achieved on the above tests were divided into five gradations ranging from 120 plus to 80. The score gained by a subject determined his position along the five-point scale as described in Appendix VI.3.FF.

(ii) Age and Sex.

The physical attributes of age and sex were also included in the factor analysis as these two dimensions have been shown to be important forces in influencing behaviour in groups. In selecting these parameters, the study of Cattell and Coan (1957a) and Digman (1963) served as models. The scale point cues defining the subdivision within these variables are described in Appendix VI.3., GG and HH.

GG. OLDER versus YOUNGER: An age range of approximately five-and-a-half years, from six through eleven, spanned between the youngest and the oldest subject in this study. Therefore it was considered expedient to include an age variable to determine whether certain behavioural patterns were more closely related to maturational or chronological determinants, though theoretically this was not expected as all the subjects fell roughly within a

homogeneous social developmental phase. Subjects were rated according to age on a five-point scale with each twelve months constituting one subdivision on the continuum.

HH. BOY versus GIRL: During the age period under observation social behaviour already shows definite sex-links; this variable was therefore included to see whether a sex-role pattern would, in fact, emerge in this study. The sex of the subject determined the subdivision in which he (or she) was placed. The rating was presented as dichotomous together with the other five-point scale ratings.

4.3.6. Statistical Analysis.

Generally, when a technique is used for diagnosis, it enters the area of prediction and should therefore be examined by statistical procedures. The data in this study was examined statistically to probe relationships among certain empirical variables, to seek construct validity for this technique by factorial methods and to contrast the results of this observational study with other empirical studies for purposes of cross-validation.

Chi square was used for a comparison of the matched Observational and Parental Questionnaire data while factor analysis was chosen for analysing the rated Observational data, Parental Attitudes, Intelligence test level, Age and Sex.

(i) Statistical enquiry to examine differences between matched Observational and Parental Questionnaire ratings.

Rating methods previously described allowed quantification of data in preparation for statistical analysis but additional statistical checks were deemed necessary before Variable EE 'High versus Low level of Parental Objectivity' could be rated. Briefly, this variable reflected the concordance between Observational and Parental Questionnaire ratings on fifteen selected variables which describe comparable behaviour patterns (Table I).

TABLE I

FIFTEEN PAIRS OF MATCHED OBSERVATIONAL AND PARENTAL
QUESTIONNAIRE VARIABLES.

<u>OBSERVATIONAL VARIABLES</u>		<u>PARENTAL QUESTIONNAIRE VARIABLES</u>	
(A)	Outgoing versus Withdrawn	(1)	Outgoing versus Shy:
(C)	Popular versus Unpopular	(3)	Popular versus Unpopular .
(D)	Co-operative versus Unco-operative	(4)	Co-operative versus Unco-operative.
(F)	Leader versus Follower	(6)	Leader versus Follower.
(G)	Cheerful versus Depressed	(7)	Cheerful versus Depressed.
(J)	Placid versus Anxious	(10)	Few fears versus Marked fears.
(L)	Good versus Poor motor co-ordination	(12)	Skilful versus Not skilful.
(O)	High versus Low creative ability	(15)	Very creative play versus Not creative play.
(P) + (Q)	Good versus Poor performance and verbal ability	(16)	Superior intelligence versus Average or below .
(R)	Spontaneous versus Inhibited verbal communication	(18)	Talkative versus Quiet.
(T)	Good versus Poor task persistence	(20)	Good versus Poor task persistence
(V)	Unrealistically High versus Low self concept	(22)	Very confident versus Lacks confidence
(W)	Exhibitionistic versus Not exhibitionistic	(23)	Often 'shows off' versus Does not 'show off'.
(X)	Independent versus Dependent	(24)	Independent versus Dependent.
(Y)	High versus Low n. Achievement	(25)	Strives to achieve versus Does not strive.

Preliminary statistical calculations were undertaken to establish whether any significant differences existed between the above two sets of data. This was considered an essential step before calculating the number of agreements between parents' and Conductor's assessment for individual subjects. The assumption was that if significant differences between any pairs of variables were found, those pairs would subsequently have to be discarded from the set on which Variable EE was calculated.

Chi square (Siegel, 1956) was selected as the most suitable statistical test for computing the differences between the two sets of data because this test does not require the assumptions of the usual parametric techniques. This was an important consideration as the parental ratings did not comply with the requirements of a 'normal' distribution. The main problem in this computation was that the Observational ratings were arranged along a five-point scale while the Parental Questionnaire ratings were in a dichotomous form. To compare these two sets of scores statistically it was necessary to reduce the Observational scores to a two-point scale so that they matched the Parental Questionnaire scores. The dividing line for the Observational ratings was defined either between a score of '2' and '3' or '3' and '4' according to the meaning of the cue-subdivision within the category in relation to the matching Parental Questionnaire variable. The key representing the cut-off points for each variable is reproduced in Table II.

Table II/.....

TABLE II

TABLE FOR CONVERTING OBSERVATIONAL VARIABLES FROM
A FIVE-POINT SCALE TO A TWO-POINT SCALE.

		Column I	Column II
		Scores in this column reduce to rating of 2	Scores in this column reduce to rating of 1
A.	Outgoing	3,4,5	1,2
C.	Popular	3,4,5	1,2
D.	Co-operative	3,4,5	1,2
F.	Leader	4,5	1,2,3
G.	Cheerful	4,5	1,2,3
J.	At ease	3,4,5	1,2
L.	Good motor co-ordination	4,5	1,2,3
O.	High creative ability	4,5	1,2,3
P.& Q.	Good verbal and performance ability	4,5	1,2,3
R.	Spontaneous verbal communication	4,5	1,2,3
T.	Good task persistence	3,4,5	1,2
V.	Unrealistically high self concept	3,4,5	1,2
W.	Exhibitionistic	4,5	1,2,3
X.	Independent	4,5	1,2,3
Y.	High n. Achievement	4,5	1,2,3

All variables are described in positive terms only. Scores as documented in Column I become converted to a rating of '2' and those in Column II become converted to a rating of '1'.

After the Observational variables had been reduced to a two-point scale, as tabled above, Chi square could be used to examine the differences between the two sets of data. Two-by-five contingency tables were reduced to two-by-three ones (Table VII, Page 217) so that the small frequencies in the extreme cells could be combined. Though the data was somewhat truncated, frequencies of less than five were eliminated by this technique.

As there are two degrees of freedom in this formula, it is permissible to have fewer than 20% of the cells with expected frequencies of less than five (Siegel, 1956). Chi square for these fifteen pairs of variables was calculated by the Computer Centre of the University of Cape Town.

(ii) Factor analysis of thirty-one variables.

The choice of a factorial analysis was motivated by the need for parsimoniously providing theoretically-linked constructs underlying the observed behaviour. The 'R-technique' of correlating variables of a series of subjects in a multivariate analysis scheme was selected as the most suitable method for computing the data. The sample of sixty-four subjects determined that the optimal number of variables to be used in the analysis was approximately thirty-two (Coulter, 1968). It is implicitly understood that to obtain meaningful results in this scheme the distribution of scores for the whole sample within each variable should be normal (Guilford, 1952).

Though thirty-three variables were originally selected for factoring, two had to be discarded because of the skewed distribution of scores. (See Chapter V, 5.2.1.).

The following sets of variables entered into the factor analysis:

- (a) Twenty-five Observational variables;
- (b) Five Parental Attitude variables;
- (c) Intelligence test level, Age and Sex.

Correlations were computed for all pairs of variables using the Pearson's product-moment method, but for all correlations with the last variable, Boy versus Girl (HH), a point-biserial r was used (Cattell and Coan, 1957a).

An iterative principal factor analysis was carried out by electric computer at the National Institute for Personnel Research (N.I.P.R.) of the South African Council of Scientific and Industrial Research. The number of factors extracted was determined by

Kaiser's Criterion, that is it equals the number of positive latent roots of the correlation matrix. The unrotated factor matrix was rotated to simple structure using the N.I.P.R.'s 'Maxplane' programme in which a time limit of thirteen minutes was stipulated (Coulter, 1968).

CHAPTER V

RESULTS.

The findings of this study will be presented in four parts. The first part is a descriptive summary of five individual cases showing peer interaction and social behaviour as observed in Diagnostic Group sessions. The second part documents an analysis of the rated scores prior to statistical analysis. In the third section the differences between fifteen matched pairs of Observational and Parental Questionnaire ratings are presented and discussed while the final section presents a list of nine factors extracted from a correlation matrix of Observational and Parental Attitude variables, Intelligence test level, Age and Sex.

5.1. DESCRIPTIVE REPORTS OF INDIVIDUAL CASES OBSERVED AT DIAGNOSTIC GROUP MEETINGS.

Extracts from five representative case reports and a description of two complete groups (Appendix VIII, 1 and 2) will give the reader a fair idea of the nature of interactional and diagnostic data this technique revealed. In individual cases vignettes, culled from the clinical interview, and relevant facts from the Parental Questionnaire precede the observational data and diagnostic reports. At the end of each report some interpretative comments and suggestions for therapy are offered. Pseudonyms are used throughout.

5.1.1. Case Illustrating Group Behaviour of a Girl with Peer Relationship Problems.

Jane, aged six years ten months, has a brother of seven-and-a-half, a sister of five and a brother of two. She is making poor progress at school. At home, though obedient, she has frequent clashes with her elder brother, but agrees well with the other siblings. She is unassertive and passive with friends and a poor mixer; cries and sulks readily and seems unable to defend herself. Intelligence test level: average.

Abstract from Parental Questionnaire, completed by Mother.

Jane has unusually strong fears of being left alone and of injury. Though very helpful with babies, she frequently behaves immaturely; sulks and cries when accused of something naughty. She remains passive when peers attack her and Mother especially perturbed by her inability to fight back.

Group observation.

First Meeting: At first Jane's timid smile and defensive withdrawal indicated a certain degree of uneasiness and anxiety. She watched group members playing but took a considerable time to become task-involved. Her task activities were of short span; she played in a desultory manner using only a limited range of play material and often copied others while her products were only very meagre. For the greater part of the meeting she sat passively or worked in an aimless manner, appeared bored, tired and listless. She reprimanded her peers, expressed disciplinary values and behaved in an extremely conforming manner replacing all the items in their correct divisions in the box. Generally, passivity and lack of flexibility characterized her play performance.

Second Meeting: Puzzle Game: Jane seemed less anxious and more friendly at the beginning of the meeting. She again showed poor task-orientation, became distracted easily and occasionally lapsed into a dreamy passive state. She was not as withdrawn as at the first meeting, participated well but lacked initiative and ability.

Psychodrama: Jane's ability to project and her verbal skill seemed very limited as she responded with shy withdrawal when situations demanded increased verbal interaction.

Though she was inhibited and passive, speaking only a little, she immediately drew the Conductor's attention to a suggestion which she had made.

Third Meeting: Outdoors Jane co-operated poorly and showed very little or no understanding of rules. When frustrated she reacted by being stubborn and selfish, often becoming passive and sullen. At other times she grinned constantly. Generally inactive and clumsy in ball games.

Classroom situation: Jane conformed in a passive manner.

Abstract from Diagnostic Report.

Social behaviour: Jane's major defense mechanism appeared to be withdrawal and resistance in hand-work and 'play-acting' situations where personality demands were made which she could not meet. Generally her affective tone was considered 'flat' with little expressed emotion. Her social interactions were minimal; withdrawal and passivity featured prominently though she was often stubborn and readily criticized and reprimanded her peers.

Task orientation: In her play Jane appeared very poorly motivated and showed a need to avoid situations which might be physically harmful. She was uninterested, easily distracted and needed encouragement to participate while her cognitive level did not match up to her age group. In games she was rather inactive and awkward. Her response pattern to group, novel and competitive situations never veered far off passivity.

Self concept and extract from Children's Questionnaire:

Jane's performance suggests marked lack of confidence. She thought she was disliked by peers (incorrect, as she was rejected by only one girl), hated indoor games, was aware of her shyness but saw herself as a leader; she believed the adult did not enjoy her presence in the group and she

hated being with group members. She would like to remain a child.

Maturity rating: Emotionally Jane was over-controlled and inhibited while her play indicated that she still functioned at the egocentric level of cognitive and social development. Her social interactions showed passivity and rigidity intertwined with occasional over-identification with adult values which accounted for dominating responses.

Interpretation and suggestions for treatment: Judging by her responses, it appears almost as if Jane must learn to be a child. She lacks the personal and social attributes to get along with peers and enjoy her own youth. Girlish spontaneity, freedom and independence in everyday activities have been sacrificed in the service of a safer, more passive 'good' behaviour which will not evoke criticism or reprimand. This may be due to the parents', particularly the father's, ponderous and over-demanding attitude.

Correction of Jane's social passivity demands the provision of greater opportunities for and reinforcement of a more positive, spontaneous interpeer behaviour. It is essential that both parents be interviewed and counselled with regard to the child's developmental needs at this stage, and be given practical suggestions to free Jane of the 'burden of living'; the parents should be guided to discourage emphasis on her helping with little ones and being good and conforming. To accelerate change, psychotherapy in a suitable group setting is recommended.

5.1.2. Case illustrating Group Behaviour of a Girl whose Problems stem from her Elementary Family Relationships.

Tracey, aged eight years eight months, has an older sister of ten and a brother of three. She had pyloric stenosis as a baby with constant vomiting which resulted in hospitalization for six weeks. At that stage her father was very irritated by all the 'fuss'.

Tracey progressed poorly at school from the beginning and is at present repeating Std. 1. At home she appears boisterous, undisciplined and father finds her particularly noisy and greedy. She is jealous of her older sister but has a good relationship with her mother. Her behaviour appears obsessive in her extreme faddiness and numerous ritualistic demands at bedtime.

At a subsequent interview her mother indicated that her father ignores her while showing marked preference for the older sibling. Apparently this poor father/child relationship has been of long standing. He has been unemployed for long periods and has had repeated psychiatric treatment.

Intelligence test level: Average.

Abstract from Parental Questionnaire,
completed by both parents.

They view Tracey as aggressive, moody and changeable. She has an unusually strong fear of being left alone, often 'shows off' and has poor peer relationships. She is poorly motivated in her schoolwork and has occasional temper tantrums. Parents disagree on disciplinary regime with father too strict and mother too permissive. Father particularly annoyed by her jealousy, disobedience and noisiness.

Group observation.

First Meeting: Tracey appeared cheerful, the most spontaneous and outgoing group member, and immediately became very task-involved. She soon made string-beads which she showed the Conductor remarking that the others were all copying her. She initiated some conversation with group members but was not talkative. Her play showed evidence of a strong achievement drive. She was keen to know tasks for following meeting and rather concerned about how much time there

was left to play. She appeared to enjoy the structured group activity and though keenly involved in the task her products were mediocre in originality and in detail of execution.

Second Meeting: The puzzle game was perceived as too difficult and she readily appealed to the Conductor for aid. She sucked her thumb, picked her nose and often stuttered. When more at ease and confident she took a rather dominant lead, structured the activity as a group-task and often directed peers. She again showed uneasiness about the time taken to complete the task.

Psychodrama: Tracey took the role of mother, was very assertive, though lacking ability to follow the part through. She was not a strong leader, often spoke gruffly, and showed a marked preference for Joan.

Third Meeting: Outdoors: Tracey found the games threatening to her self-esteem. She appeared uneasy, masturbated, and became very unco-operative and 'unsporting', cheating in games whenever she could. Singled Joan out as team-mate but on being rejected by her she became sulky and aggressive. She infused competitiveness into every play situation and attempted bullying her peers when she was frustrated.

Classroom situation: Tracey co-operated well.

Abstract from Diagnostic Report.

Tracey, a blonde attractive girl, spoke with a slight lisp and mild stutter. Though at first cheerful, she later became surly but did not appear tense or fearful.

Social behaviour: At first she was spontaneous and co-operative in her peer relationship and showed some leadership ability. When she found the tasks too demanding or felt rejected she became physically and verbally aggressive and dominating. Despite her definite affiliatory needs she appeared unable to maintain friendly social relations. Towards the Conductor she changed from being co-operative and friendly to dependent, later becoming almost defiant.

Task behaviour: Her responses changed markedly from indoors to outdoors. Whereas indoors she coped relatively well with group situations and showed marked achievement strivings in novel and competitive tasks, she became aggressive or regressive in outdoor competitive situations. Though very attentive at first, she later merely conformed. She showed average skill in motor activity but appeared afraid of physical harm. Tracey sucked her thumb, picked her nose and masturbated whenever social situations became demanding or intolerable.

Self concept and extract from Children's Questionnaire: Generally her self concept appeared inconsistent veering from lacking self-confidence to overbold. She thought she was well-liked, an inaccurate social perception. She enjoyed group activities and being with other girls and would like to remain a child.

Maturity rating: Emotionally she often appeared immature though there was evidence that she possessed much better potential. Cognitively her performance matched her age level. Socially she also showed sporadic ability to act constructively but was unable to maintain this and often her behaviour became very aggressive or regressive.

Interpretation and suggestions for treatment: Tracey's poor peer relationship may be linked with her own unsatisfied needs

of acceptance and constant rejection by her father who himself has personality problems. The Parental Questionnaire strongly indicates rejection, particularly by her father who sees her as immature and insecure.

Her social-emotional problems may also be viewed in terms of failure in establishing satisfactory elementary family relations with resultant poor initiative and excessive guilt and anxiety. She has various neurotic symptoms such as autoerotic behaviour and anxiety about time which became evident in the group situation, while her mother also reports obsessional ritualistic behaviour at home.

This child's behaviour illustrates a failure in the first ego growth crisis, basic trust. Both her own body-function and her caretaker let her down in her first year and much of her present behaviour reveals a strong distrust of her social environment. In view of her neurotic personality structure and the early origin of her disorder, long term individual therapy is recommended in a relatively permissive and fully accepting therapeutic relationship.

Concomitant counselling of parents is essential, though modification of father's attitude may be difficult to bring about. Poorly adjusted social behaviour, such as aggression, dominance, cheating and poor sport motivation, indicate a need for social learning in group situations after she has received individual therapy. Better social adjustment and more satisfactory parent/child relationship will probably stimulate a healthy interest in schoolwork.

5.1.3. Case illustrating 'Disintegration' of a Boy's Behaviour and 'Group Contagion'.

David, aged seven years nine months, has two younger sisters aged five and three years. His schoolwork, particularly his reading, has been weak since he started school. He lacks

achievement drive, easily becomes bored, has poor persistence and very limited interests. During his infancy his mother spent many hours with him but since the birth of a sibling, when he was two years nine months, she has tended to ignore him. He is active and independent but moody and irritable, often sucking his thumb. His father appears to have a more stable, tolerant and patient relationship with him than his mother. He is friendly and outgoing and enjoys the company of many friends. At home and at school he is not considered a disciplinary problem.

Intelligence test level: Average.

Abstract from Parental Questionnaire,
completed by Mother.

David is poorly motivated to work and enjoys being in the limelight, though he becomes a little shy. He denies his guilt when he has been naughty and frequently 'shows off'. His finger movements are awkward because of 'lack of concentration and inability to apply himself'. He underestimates his own ability, may show outbursts of temper when thwarted, but has a good relationship with peers and adults. Mother particularly annoyed by his inability to amuse himself and lack of interest in most things.

Group observation.

First Meeting: David immediately became excessively talkative and fidgety, jumping about and working on the floor with his play material. He resented the structured nature of the activity and constantly demanded special attention from the Conductor. Despite numerous creative ideas he lacked persistence to carry them through and showed complete inadequacy in his motor execution. In his play he showed a marked lack of impulse control, flitting from one activity to another, and insisted on leaving the room to fetch a toy. As the meeting progressed he became bored and verbally aggressive; then he suddenly decided he 'wanted the smartest box to win the prize'.

Later he became argumentative and impulsively destroyed his handwork. In the group he was completely unco-operative, unproductive and his products were unintegrated.

Second Meeting: David set the tone, completely disrupting the group activity by his uncontrolled, undisciplined and disinhibited behaviour. He lacked all self-control, deliberately flaunted adult authority and attacked peers. His impulse-driven actions, devoid of goal-direction, again caused him to flit from one useless activity to the next. During the puzzle game his uninhibited behaviour became contagious as he enticed all the members out of the demonstration room and down the corridor in rowdy gaiety. He showed very poor perceptual ability in the puzzle task, voicing extreme dissatisfaction with all the activities and during the psychodrama he constantly demanded something else to do.

Third Meeting: Outdoors, David was again hyperactive and rowdy, screaming hysterically during the games. Though he annoyed a peer, he did not become subdued by disapproval. He continued to seek attention in a wild impulsive manner and resorted to uncontrolled throwing of sand and pushing mates. Later he became reckless and exhibited random indirect aggression. In the Classroom situation he was unable to obey and became completely negativistic ("I hate games, Clinic, etc"). He again played the role of ringleader in setting the tone of flagrant disobedience and lack of impulse control manifested by rolling on the floor.

Abstract from Diagnostic Report.

A slight, tense-looking boy who showed immediate resentment of all suggested activities.

Social behaviour: In his interactions with group members and behaviour toward the Conductor, David made no attempt at any stage to control his unbridled emotional needs. He

frequently projected his anxieties and became resistant when overanxious. With peers he was physically aggressive, acting as ringleader and disrupting group activities. Though he was accepted by the group in indoor activities, he was disliked and actively rejected on the playground. Initially he formed a dependent relationship with the Conductor, seeking attention and approval, but later he responded defensively being defiant and frankly disobedient. Throughout, David was excessively uninhibited in his verbal communication.

Task behaviour: Generally his responses to group, novel or task situations were either aggressive or regressive. He enjoyed playing at an immature, uninhibited level. He was not interested in and was easily distracted from his work, and outdoors he refused to participate as he appeared to be afraid of injury. His motor actions were restless, fidgety, awkward and uninhibited, almost hyperkinetic at times.

Self concept and extract from Children's Questionnaire: David's behaviour oscillated between being overbold and over-confident to being very unsure of himself. Sociometrically he was generally unpopular; he saw himself realistically but unfavourably (not a leader, not shy, not liked). He scribbled uninhibitedly over all the pages of the Questionnaire. He hated children, clinic and all the activities. "Guess Who" questions: David indiscriminately selected himself for virtually every category.

Maturity rating: Marked emotional immaturity; in cognitive tasks he performed below his age level being regressive and showing very poor concentrating ability. Socially, his behaviour was consistently maladaptive, regressive and impulse driven. He showed little comprehension of socially expected behaviour and co-operative teamwork.

Interpretation: David's excessive distractibility, extreme talkativeness, poor perceptual-motor ability and 'hyper-kinetic' behaviour suggested a minimal cerebral dysfunction syndrome. His hysterical mood became contagious in the second meeting when he temporarily assumed the role of 'leader', illustrating the concept of 'behavioural contagion'. Though at first accepted, his uninhibited behaviour later became censored, particularly by one peer who found this unacceptable; thus his marked exhibitionism led to active rejection. The permissive atmosphere of the group meetings aroused extreme lack of self-control in a child who had possibly been subjected to a two-fold disadvantage in his social-learning pattern. Undisciplined behaviour and marked bids for attention might stem from the reinforcing effect supplied by an excessively permissive, nonchalant mother coupled with his own constitutional disability to control his motor and emotional impulses. His mother's uncritical attitude toward him and her excessively permissive practices undoubtedly contributed to his definite and open disrespect for adult female authority. No therapy programme was suggested as the Investigator did not know this subject's presenting problems at the time of observation in the group.

5.1.4. Case illustrating Group Behaviour of a Severely Disturbed Boy subsequent to receiving Individual Psychotherapy.

The diversity of the data gained by the Group Diagnostic technique is shown by the behaviour of a seriously disturbed child who had spent a year in individual psychotherapy. The child's therapist then requested that he be observed in a diagnostic group in order to assess his progress and to decide whether he was ready to be transferred to group therapy.

Robert, aged five years five months, has a younger brother of three. He is a very inhibited, impatient, sensitive child under great emotional tension which frequently erupts in temper tantrums.

At nursery school he is very withdrawn socially. He started talking only about six months previously and, though making good progress, he still refuses to speak to any strangers. Whereas he was previously very affectionate with his mother, he rejected her completely after the birth of his brother to whom he shows marked aggression and jealousy. Their father has a tenuous relationship with the children; his occasional explosive tempers have had a definitely adverse effect on Robert's behaviour. Both parents have many personal and social problems.

Intelligence test level: Dull.

Abstract from Parental Questionnaire ,
completed by Mother.

Robert prefers solitary play and doesn't look for friends. At home he very often fights with his brother and frequently breaks things on purpose. He has marked fears of being left alone, injury and strangers and is hostile to babies and animals. He is often 'moody' and clingy and usually withdraws and sulks when confronted with misdeeds. He doesn't want to go to school; only obeys after considerable nagging and demands constant attention. Though he rarely tries, he can work hard, is creative in play, walks long distances and loves to run. He underestimates his own ability, behaves immaturely when frustrated, is very withdrawn and a poor mixer with children and adults; not usually affectionate. Discipline is a problem as father usually too 'soft' except when in a rage. Mother very annoyed by Robert's 'repetitious' nagging questions while he completely ignores replies.

Group observation.

First Meeting: Before the group session Robert was shown the demonstration room and play material. His three group mates immediately became very task-involved while Robert sat very quietly, holding a piece of plasticine which he timorously manipulated

after about five minutes. He appeared apprehensive and ill at ease especially when the Conductor left the room for about a minute, but later he became more relaxed. Gradually he began to show interest in group activities but despite a more relaxed group atmosphere he still glanced frequently at the Conductor for reassurance. Later the chit-chat of the others aroused him to volunteer spontaneously: "I am making a high tower", but after this he again lapsed into a dream state, merely fingering the plasticine for a further twenty minutes. On hearing the others discussing a Christmas tree, he said indistinctly that he was also making a Christmas tree and asked for the 'sticky tape'. He passed the sticky-tape to the others on request but hardly noticed them, being entranced in his own dream world where he expected all his needs to be immediately satisfied. When a member of the group showed interest in him and offered him help he felt encouraged to communicate a little and use some of the play material (plasticine and crayons and paper), but his products were almost unstructured and his play level very immature.

Second Meeting: Puzzle game: Robert appeared very shy. The task was very much beyond his ability as he showed absolutely no understanding and stood around aimlessly despite help from a group member.

Psychodrama: Robert was passive, inhibited and shy, though he once chose the role of mother. He was unable to act but he did not withdraw from the group activity. He enjoyed the antics of the others and reacted responsively to their general activities. The 'dreamy dissociation' of the first meeting was no longer evident.

Third Meeting: Outdoors Robert showed greater overt dependence on the Conductor, holding her hand as he walked to the play fields. He was able to run well with free movements and understood simple instructions clearly but couldn't follow intricate rules.

He played co-operatively and established a good relationship with the Conductor. However, he couldn't maintain his task-interest and was easily distracted. Generally he had very little idea of organized games but was spontaneously joyful when successful. Passivity and conformity were the keynotes of his behaviour.

Classroom situation: The task was completely beyond Robert's ability. He needed continuous help and showed no understanding of the social implications of the questions.

Abstract from Diagnostic Report.

Robert was a very shy, timid, dreamy, little boy who immediately appeared to place his trust in the Conductor.

Social behaviour: Robert appeared anxious only when the Conductor left him. He responded with very little emotional expression, with general inhibition and passive acceptance of group situations. At first he refused to admit the presence of his peers; he lapsed into a dreamy state apparently engrossed in an autistic 'fantasy' world. Gradually he became more spontaneous and began to verbalize his thoughts and actions. A greater social responsiveness at the second meeting culminated in a definite attempt to co-operate in the outdoor play where he showed spontaneously joyful reactions when successful. His peers accepted him but he remained a rather solitary figure being unable to accept or reciprocate their friendship. He showed dependency on the Conductor, but later he progressed to friendly co-operation and acceptance of authority.

Task behaviour: Robert showed the glimmerings of being able to cope with novel situations. He conformed but was unable to become fully task-involved and needed a great deal of encouragement in his play. He was very inhibited

and presented a poor cognitive performance with immature, regressive, solitary play. Physically he was rather inactive and awkward; he spoke only a few phrases but often moved his lips inaudibly.

Self concept and extract from Children's Questionnaire:

Robert showed marked lack of confidence and established very little emotional contact with peers but felt accepted by the adult. He was unable to complete the questionnaire intelligibly.

Level of maturity: Robert's behaviour was emotionally immature and inhibited but he became more spontaneous outdoors. On the whole he functioned below his age level being unresponsive to his environment. Socially he was mainly passive while at times he became withdrawn and unresponsive.

Interpretation and suggestions for treatment: Robert has very clearly progressed since first attendance at the Clinic. His ready acceptance of a strange adult and group activities shows he is now ready for group therapy in addition to or in place of individual therapy. He can, with patient guidance, probably become more goal-directed, but needs the example and company of other boys in his adjustment programme. His retarded speech and emotional immaturity, excessive dreaminess and short attention span preclude school attendance for another year, or his parents must accept that he should spend two years in Sub A. He is also ready for speech therapy as he is now able to place his confidence in strangers and accept their authority.

His father has been alerted to the deleterious effects of his emotional outbursts which have served as a ready model for Robert. Robert's later progress will depend to a large extent on the quality and consistency of parental support, their reinforcement of socially acceptable behaviour and his ability to form firm relationships outside the home.

5.1.5. Case illustrating the use of Group Observation in Evaluation of School Readiness.

John, aged five years ten months, has a brother of eight years nine months and a sister of four-and-a-half. His mother describes him as an immature, timid child, prone to daydreaming and slow in his ways; he cries easily and speaks indistinctly. She feels he needs more love and attention than his older brother and is anxious to establish whether he would be ready to attend school in a few months' time. He enjoys playing with children and has no behavioural problems.

Intelligence test level: average.

Abstract from Parental Questionnaire, completed by both parents.

John is dependent on his parents, always appealing for help when friends fight with him. He enjoys being in the 'limelight'. When confronted with misdeeds he may withdraw, sulk, blame someone else or deny his guilt. He enjoys being with friends and adults and is moderately obedient and affectionate. His parents find him awkward physically and become irritated by his excessive slowness in dressing and eating.

Group observation.

First Meeting: John understood the task well and immediately began to structure the material. He chatted frequently with the Conductor showing his products and appealed for help in cutting with the scissors. He appeared non-aggressive and showed a responsive interest in the other members. Throughout he remained very task-involved, dependent on the Conductor and found a little difficulty in accepting limits. His peculiar, high-pitched, babyish voice readily aroused teasing from a peer but he ignored these jibes and steadily continued with his work. The other three group members formed a

sub-group but John showed no evidence of feeling an 'outsider'. He was flexible in his use of material and showed a good range of ideas, fair dexterity but poor detail in execution.

Second Meeting: Puzzle game: John appeared more at ease, understood the task and coped from the outset. He worked independently, maintained a cognitive level in keeping with his age and finished second.

Psychodrama: John played co-operatively and spontaneously but he was very much overwhelmed by the lusty boisterousness of his companions. His play generally reflected a note of reality and he again appeared unflustered by frequent teasing remarks. He was not accepted as an equal and even rejected by one peer. He seemed less dependent on the Conductor than previously and made more definite attempts to 'act' than his uninhibited and boyish group-mates.

Third Meeting: Outdoors: John was again the outsider with the other three boys forming a sub-group. He was dreamy and unpopular, never being chosen voluntarily by peers. Though small, timid and slight yet he was not afraid to join in and run to gain possession of the ball. He coped well in competitive situations, understood taking turns and readily accepted losing but did not really understand the rules of the games.

Classroom situation: He tried to attend but showed a limited attention span, day-dreamed and was not always fully aware of the meaning of the questions.

Abstract from Diagnostic Report.

Physically a tiny, timid-looking, expressionless boy, much smaller than the other group members. His initial mild anxiety gradually decreased during subsequent group activities.

Social behaviour: John showed marked dependency, approval and succorant needs in relation to the adult. Toward his

peers he was passive at first but later co-operated and enjoyed being with them though they did not accept him; in fact they rejected him because he was small and 'babyish' in manner and speech. He responded passively when others behaved aggressively toward him.

Task behaviour: John's behaviour showed he possessed the cognitive flexibility to cope with novelty but when frustrated he withdrew or behaved regressively. Though showing achievement behaviour, his interest often flagged and he needed to be encouraged while his persistence and diligence alternated with conformity and dreaminess in the classroom situation. Outdoors, John was at a marked disadvantage and did not join in the games spontaneously. His size and limited physical ability together with his poor muscle development, slowness and clumsiness and an inclination to let his mind wander off the task in hand all contributed to a poor performance.

Self concept and extract from Children's Questionnaire:

On sociometry he proved the most unpopular boy. He felt he could be the leader and not the shyest and others liked him (all unrealistic choices). He enjoyed company of peers and outdoor games.

Maturity rating: Emotionally John was assessed as functioning at his age level. Cognitively, though probably adequate, he showed poor attention-span and immature speech. In his social interaction he was passive and showed poor social judgement but was capable of constructive behaviour.

Interpretation and suggestions for treatment: John's problems do not appear in the peer situation, as he enjoyed being in the group and felt accepted. He was unable to follow group instruction, concentrate and remain goal-directed for long and may thus be considered not yet fully ready for formal teaching. With personal instruction, however, he followed

the tasks and was able to cope; his short attention-span may well improve with training and stimulation at school. The fact that he managed so well in the group despite his marked size and age difference may weigh the decision to send him to school. With such a small child physical aggression from peers may become a problem, but he showed himself unafraid of bigger boys and though tiny it is felt he will not be cowed in the playground. Toward the Conductor he was very co-operative, polite and helpful though dependent.

It is suggested that he should attend a small school and receive speech-therapy. He should also be encouraged to participate in physical training, swimming and judo and partake in such motor activities as cycling. His parents should reinforce independence behaviour in everyday activities.

5.2. ANALYSIS OF RATED DATA.

The frequency distribution of the rated scores for the various sets of data will be presented and critically examined in this section.

5.2.1. Rated Observational Data.

The behaviour of subjects at Group meetings was rated on twenty-five bipolar Observational variables along a five-point scale (Appendix IV.3). Table III (Page 213) illustrates the frequency distribution of scores for each variable for the whole sample. Scrutiny of this Table shows that, apart from two variables, all are suitable for factor analysis as their distribution does not markedly diverge from a 'normal' range (Guilford, 1952).

Variable K, 'Kind, protective versus Physically aggressive', and Variable M, 'Normal versus Hyperkinetic motor activity', were discarded because of their 'J' shaped distribution. The expression of physical aggression in girls of this age group is strongly sanctioned and represents a pattern which is not consistent with the

socially accepted female sex-role. This is illustrated by the frequency distribution of Variable K among the girls: thirteen girls were rated as '5', five were rated as '4' and two were rated as '3'. This grouping at the upper end of the scale probably accounts for the skewed distribution in this sample. Variable M, 'Hyperkinetic motor activity', represents a deviation from the normal and in the ordinary course of events was not expected to assume a normal distribution in the present sample. In Variable S, 'Little versus Much verbal aggression' this distribution curve had, however, started to flatten out and this variable could therefore be retained (Coulter, 1968).

5.2.2. Rated Parental Questionnaire Data.

The responses on the Parental Questionnaire were rated on a dichotomous scale according to the schedule set out in Appendix V.3. Table IV (Page 215) reflects the frequency distribution of scores for each of twenty-five variables. This table reveals that for each variable there was a considerable number of scores with a rating of '1' which reflects definite negative aspects of social behaviour. The parents therefore did not respond only with socially desirable responses. These scores are not normally distributed and do not enter the factor analysis directly.

5.2.3. Rated Parental Attitudes.

Table V (Page 216) reflects the frequency distribution of scores for Parental Attitude Variables (AA - EE). The distribution within each variable was acceptable as approximating a 'normal' distribution and suitable for factor analysis.

5.2.4. Rated Intelligence Test Level, Age and Sex.

Three additional variables (FF - HH) representing Intelligence test level, Age and Sex, were included in the factor analysis. In Table VI (Page 216) the frequency distributions for scores for these three variables are reproduced. Variable HH (sex) could only be

TABLE IV

FREQUENCY DISTRIBUTION OF SCORES FOR PARENTAL
QUESTIONNAIRE VARIABLES 1 TO 25 FOR 64 SUBJECTS.

Variable		Scale Points	
		2	1
1.	Outgoing versus Shy	46	18
2.	Sociable versus Unsociable	41	23
3.	Popular versus Unpopular	42	22
4.	Co-operative versus Unco-operative	46	18
5.	Good versus Poor relationship with adults	56	8
6.	Leader versus Follower	25	39
7.	Cheerful versus Depressed	39	25
8.	Seldom sulks versus Often sulks	55	9
9.	No temper tantrums versus Some temper tantrums	43	21
10.	Few versus Marked fears	34	30
11.	Seldom fights versus Often fights	36	28
12.	Skilful versus Not skilful	19	45
13.	Active versus Not active	50	14
14.	Interested in school versus Not interested	11	53
15.	Very creative play versus Not creative play	28	36
16.	Superior intelligence versus Average or below	18	46
17.	Rarely cries versus Often cries	50	14
18.	Talkative versus Quiet	25	39
19.	Rarely complains versus Complains often	50	14
20.	Good versus Poor task persistence	15	49
21.	Neat versus Untidy	24	40
22.	Very confident versus Lacks confidence	26	38
23.	Often 'shows off' versus Does not 'show off'	34	30
24.	Independent versus Not independent	17	47
25.	Strives to achieve versus Does not strive	16	48

TABLE V

FREQUENCY DISTRIBUTION OF SCORES FOR PARENTAL
ATTITUDE VARIABLES FOR 64 SUBJECTS

Variable		Scale Points				
		5	4	3	2	1
AA.	Accepting versus Rejecting parents	2	7	28	24	3
BB.	Permissive versus Strict parents	8	14	20	18	4
CC.	Nonchalant versus Over-anxious awareness of problem	5	13	29	13	4
DD.	Harmonious versus Hostile interparent relationship	6	22	16	8	12
EE.	High versus Low level of parental objectivity	2	18	25	16	3

TABLE VI

FREQUENCY DISTRIBUTION OF INTELLIGENCE, AGE AND
SEX VARIABLES FOR 64 SUBJECTS.

Variable		Scale Points				
		5	4	3	2	1
FF.	Very bright versus Very dull	9	21	21	10	3
GG.	Older versus Younger	13	11	14	16	10
HH.	Boy versus Girl	-	-	-	44	20

presented on a two-point scale. The distributions of the scores for the other two variables were acceptable for correlation as they also complied with normality. The number of boys and girls in this sample was not equal.

5.3. STATISTICAL COMPARISONS OF FIFTEEN MATCHED OBSERVATIONAL AND PARENTAL QUESTIONNAIRE VARIABLES.

Variable EE, 'High versus Low level of parental objectivity, reflected the extent of agreement between the Observer's and the parents' assessment of particular matched behaviours. Before rating Variable EE, it was necessary to establish whether a statistically significant difference for any of the selected behaviours existed between the two sources of behavioural data. If a statistical difference were present, it would be expedient to eliminate that particular set of variables from the final set on which Variable EE was calculated. Though a larger number of variables would yield a more differentiated picture, only fifteen pairs were accepted as strictly comparable.

The differences between the Observational and Parental Questionnaire variables were examined by the application of Chi square (Siegel, 1956). Table VII below represents a set of contingency tables. The columns represent the Observational frequencies while the rows reflect the dichotomous Parental Questionnaire ratings. In this form, k is 3, therefore, with two degrees of freedom, Chi square may be used provided not more than 20% of the cells have an expected frequency of less than one. These two sources of behavioural data differed markedly, therefore certain discrepancies would definitely be acceptable and only extreme differences may be considered significant. Consequently it was decided to set the limit for discarding the null hypothesis at the .01 level of confidence.

TABLE VII

FIFTEEN SETS OF 2' x 3' CONTINGENCY TABLES
FOR CHI SQUARE FOR 64 SUBJECTS

Each box is labelled with the Observational variable while the corresponding Parental Questionnaire variable is represented by a bracketed number. Within each box the bracketed numbers in certain cells represent the expected frequencies where the observed frequencies are below five.

Columns = Observational data; Rows = Parental Questionnaire data.

A(1). Outgoing versus Withdrawn

		Observational Ratings		
		1-2	3	4-5
Parental Questionnaire Ratings	1	7	2(6)	9
	2	11	19	16

$$p = .01 > < .05$$

$$\chi^2 = 6.11$$

C(3). Popular versus Unpopular

		1-2	3	4-5
1		9	5	8
2		17	14	11

$$\chi^2 = 1.06 \text{ N.S.}$$

D(4). Co-operative versus Unco-operative

		1-2	3	4-5
1		4(4½)	7	7
2		12	19	15

$$\chi^2 = 0.24 \text{ N.S.}$$

F(6). Leader versus Follower

		1-2	3	4-5
1		25	10	4(6)
2		10	8	7

$$\chi^2 = 4.61 \text{ N.S.}$$

G(7). Cheerful versus Depressed

		1-2	3	4-5
1		6	10	9
2		9	13	17

$$\chi^2 = 0.41 \text{ N.S.}$$

J(10). At ease versus Anxious

		1-2	3	4-5
1		6	8	16
2		4(5)	12	18

$$\chi^2 = 1.08 \text{ N.S.}$$

N.S. = Not Significant.

L(12). Good versus Poor motor co-ordination

	1-2	3	4-5
1	18	16	11
	4(6)	10	5

$$\chi^2 = 2.47 \text{ N.S.}$$

O(15). High versus Low creative ability

	1-2	3	4-5
1	18	10	8
2	13	3(5)	12

$$\chi^2 = 4.59 \text{ N.S.}$$

P-Q(16). Good versus Poor performance and verbal ability

	1-2	3	4-5
1	23	18	5
2	4(8)	8	6

$$p = .01 > .05$$

$$\chi^2 = 6.14$$

R(18). Spontaneous versus Inhibited verbal communication

	1-2	3	4-5
1	18	14	7
2	9	8	8

$$\chi^2 = 1.69 \text{ N.S.}$$

T(20). Good versus Poor task persistence

	1-2	3	4-5
1	18	14	17
2	6	4(4)	5

$$\chi^2 = 0.53 \text{ N.S.}$$

V(22). Unrealistically high versus Low self concept

	1-2	3	4-5
1	11	15	12
2	9	11	6

$$\chi^2 = 0.59 \text{ N.S.}$$

W(23). Exhibitionistic versus Not exhibitionistic

	1-2	3	4-5
1	9	10	11
2	5	14	15

$$\chi^2 = 2.20 \text{ N.S.}$$

N.S. = Not Significant.

X(24). Independent versus Dependent

	1-2	3	4-5
1	24	10	13
2	2(6)	6	9

$$p = .01 < .05$$

$$\chi^2 = 9.05$$

Y(25). High versus Low n.Achievement.

	1-2	3	4-5
1	17	14	17
2	3(5)	4(4½)	9

$$\chi^2 = 2.46 \quad \text{N.S.}$$

Conclusion: As one may well expect, there is a considerable range of difference between the parents' and the Observer's scores.

However, only three of these, A(1), P-Q(16) and X(24), are significant at the .05 level while none reaches the .01 level of confidence.

By including the three sets of variables where the differences reached the .05 level, it was thought that greater differentiation within the range of parental objectivity would be achieved. On these grounds, and because no differences were at the .01 level of confidence, all fifteen pairs of variables, originally selected to serve as a basis for evaluating parental objectivity, were retained.

5.4. RESULT OF FACTOR ANALYSIS.

The rated scores on thirty variables were arranged along a five-point scale while sex was included as a dichotomous thirty-first variable. Correlations for all pairs of variables were computed using Pearson's product-moment, but for all correlations with 'Boy versus Girl' the point-biserial r was used. The correlation matrix (Appendix IX.1) was factor analysed at the National Institute for Personnel Research (N.I.P.R.), Johannesburg. An iterative principal factor analysis was employed and the number of factors extracted was determined by Kaiser's criterion, that is the number equals the number of positive latent roots of the correlation matrix. The principal factor matrix (Appendix IX.2) was rotated to simple structure in 9 minutes 5.70 seconds using the 'Maxplane' programme of the N.I.P.R. The transformation

matrix (Λ) is reproduced in Appendix IX.3. and the correlation of variables with rotated reference Vectors is presented in Appendix X.1. while in Appendix X.2. the non-salient values less than .25 have been suppressed. Appendix X.3. presents the relationship between the extracted factors in a table of Vector Cosines.

The extracted factors are presented according to the method suggested by Cattell and only those variables with salient cut-off above a minimum-loaded significance level of .25 will be presented.

- (a) The factors are presented in approximate order of magnitude and numbered in sequence of diminishing mean variance.
- (b) Variable descriptions are bipolar. When reading the list of salient items they can all be taken as being in the same direction as variable descriptions are adjusted to match the sign of the loading.
- (c) Variable descriptions are usually presented with the first half of each description corresponding with its positive aspect; however, where greater psychological significance attaches to the negative end, this aspect is described first.
- (d) Each variable is preceded by the corresponding alphabetical symbol adopted in the present study.
- (e) Within each factor the variables are ranked according to loadings of diminishing significance.

The following nine factors were extracted from the data representing correlations among the following sets of variables:

- (a) Observational variables;
- (b) Parental Attitude variables;
- (c) Intelligence test level, Age and Sex.

5.4.1. Factor 1.

<u>Variable</u>	<u>Factor Loading</u>
R. Spontaneous versus Inhibited verbal communication	.68
W. Exhibitionistic versus Not exhibitionistic	.61
S. Much versus Little verbal aggression	-.59
H. Emotional expressiveness versus Rigidity	.54
F. Leader versus Follower	.53
A. Outgoing versus Withdrawn	.47
U. High versus Low interpersonal sensitivity	.40
B. Social flexibility versus Rigidity	.39
J. At ease versus Anxious	.39
Y. High versus Low n. Achievement	.38
Q. Good versus Poor verbal ability	.35
HH. Boy versus Girl	.32
X. Independent versus Dependent	.27

5.4.2. Factor 2.

AA. Accepting versus Rejecting parents	.46
I. Good versus Poor emotional control	.39
S. Little versus Much verbal aggression	.38
BB. Permissive versus Strict parents	.35
W. Not exhibitionistic versus Exhibitionistic	-.33
D. Co-operative versus Unco-operative	.31
O. High versus Low creative ability	.29

5.4.3. Factor 3.

G. Cheerful versus Depressed	-.49
D. Co-operative versus Unco-operative	-.42
E. Good versus Poor relationship with Conductor	-.40
EE. High versus Low level of parental objectivity	-.39
A. Outgoing versus Withdrawn	-.36
J. At ease versus Anxious	-.36

<u>Variable</u>	<u>Factor Loading</u>
<u>Factor 3 (cont.)</u>	
S. Little versus Much verbal aggression	-.35
H. Emotional expressiveness versus Rigidity	-.33
X. Dependent versus Independent	.31
5.4.4. <u>Factor 4.</u>	
BB. Permissive versus Strict parents	.61
AA. Accepting versus Rejecting parents	.51
N. Inattentive versus Attentive	-.41
5.4.5. <u>Factor 5.</u>	
DD. Harmonious versus Hostile interparent relationship	.59
J. Anxious versus At ease	-.49
O. Low versus High creative ability	-.45
AA. Accepting versus Rejecting parents	.43
5.4.6. <u>Factor 6.</u>	
EE. Low versus High level of parental objectivity	-.50
N. Inattentive versus Attentive	-.34
T. Poor versus Good task persistence	-.32
V. Unrealistically high versus Low self concept	.27
HH. Boy versus Girl	.26
W. Low versus High interpersonal sensitivity	-.26
5.4.7. <u>Factor 7.</u>	
L. Poor versus Good motor co-ordination	-.48
C. Unpopular versus Popular	-.45
HH. Boy versus Girl	.36
G. Depressed versus Cheerful	-.32
EE. High versus Low level of parental objectivity	.25

<u>Variable</u>	<u>Factor Loading</u>
5.4.8. <u>Factor 8.</u>	
BB. Permissive versus Strict parents	-.50
DD. Hostile versus Harmonious interparent relationship	.48
L. Good versus Poor motor co-ordination	-.31

5.4.9. Factor 9.

GG. Younger versus Older	-.48
FF. Very bright versus Very dull	.39
EE. High versus Low level of parental objectivity	.29

CHAPTER VI

INTERPRETATION OF FINDINGS

6.1. IDIOGRAPHIC DATA.

The primary aim of the Group Diagnostic technique was to gather diagnostic data about children with peer relationship problems. The five individual studies and the two group studies described bear open testimony to the valuable diagnostic material which this technique yielded in a 'standard' setting. The implication is that even richer diagnostic material may be forthcoming when the situations are arranged to reveal areas of behaviour which were not readily observed in this series of situations. As postulated, subjects with peer problems proved the most rewarding in terms of group-relevant diagnostic material that emerged.

6.1.1. Coded Behaviour Patterns.

The 'holistic' framework of this study readily allowed observation of the following 'molar' aspects of behaviour.

(i) Social Behaviour. As this is essentially a 'social' technique, the type of behaviour covered by the variables of Sociableness towards peers and adults (A and E), Social flexibility (B), Popularity (C), Co-operativeness (D) and Leadership (F) could readily be assessed. Much of the observed behaviour was supplemented by information from the Children's Questionnaire, thus considerably reducing the subjectivity of the assessments. The diagnostic potential of this method in revealing social problem behaviour is very definite. Observed patterns of social maladjustment permitted a clinical assessment with a reality basis and paved the way for sharply defined therapeutic guidance.

(ii) Emotional Behaviour. The four selected parameters of emotional behaviour were readily observed according to the operational definitions defining each area. The wide range

of observed emotions is probably linked to the nature of the sample and may not be so readily observed in an unselected group of school children. Two of the variables, Emotional expressiveness (H) and Emotional control (I), needed considerable inference in their rating and must therefore be accepted as less objective than the other variables.

(iii) Motor Behaviour. The three motor variables of Physical aggression (K), Motor co-ordination (L) and Hyperkinetic motor activity (M) must be accepted as the most reliable observations because of the lack of inference. The situational responses provided the Observer with ample opportunity for gauging these types of motor behaviour.

(iv) Cognitive and Verbal Behaviour. This feature of the observational technique may probably have to take the most serious criticism as efficient existing tests of intellectual and verbal functioning are capable of yielding very much more accurate data. Inclusion of cognitive and verbal variables, however, did serve some purpose as the Observer was alerted to parameters of Attention (N), Creativity (O), Verbal aggression (S) and Talkativeness (R); behaviours which do not ordinarily appear in objective tests of intellectual and verbal functioning.

Performance and Verbal ability (Variables P and Q) were included to test the Observer's skill in assessing these abilities in the setting and subsequently their ratings were contrasted with scores on a known external criterion, the intelligence test. In the twenty subjects observed 'blind', the correlation between the Intelligence test score (FF) and variables P and Q was .65, while in the other forty-four subjects the correlation was .75. It must however be recalled that at the time of rating the Investigator did not refer to any of the Intelligence test scores.

(v) Individual Behaviour Patterns. The final set of observational data covers a broad range of behaviours; here, the Investigator felt that the richness of the material, much of an inferential nature, was of great assistance in formulating treatment though the great subjectivity possibly detracted from its validity. Task persistence (T), Exhibitionistic behaviour (W) and Independence (X) were the most readily observed, while Interpersonal sensitivity (U), Self concept (V) and n. Achievement (Y) were largely based on inference and must be accepted as very subjective.

(vi) Parental Attitudes. The data on which the parental attitudes were rated were not derived from a sophisticated rating instrument such as the Fels Parental Rating Scheme (Baldwin, Kalhorn & Breeze, 1949) or P.A.R.I. (Schaefer and Bell, 1958). Admittedly, using well-validated instruments such as these would be much sounder than the technique employed but it would have entailed much additional work and was not considered central to this study. The rated parental attitudes, however, served a very real purpose in guiding the therapy programmes. The clinician gained considerably by this quantified data and did not have to resort to that vague cliché, a 'general impression'.

6.1.2. Observation of Children with Problem Behaviours.

The next question is how do the individual case reports stand up to the aims of the study? The selected case studies described in Chapter V, 5.1.1. to 5.1.5. and Appendix VIII.1. and VIII.2. indicate clearly that this method provides the clinician with valuable socially-significant diagnostic material.

The range of the case extracts quoted illustrates the numerous diagnostic leads provided in respect of children with peer relationship problems. The specific social stresses and anxieties which these children had to face in this setting re-emphasised the concept that, for optimal results, candidates for group

observation must be carefully selected. This contention is borne out by the fact that subjects with few or no peer problems did not usually exhibit much diagnostically relevant behaviour. This was particularly true in the case of children referred for delinquency and bedwetting and sometimes in the case of those referred for encopresis and poor school progress.

A further fascinating facet of this technique was the marked deviance of behaviour that was observed in subjects with suspected minimal cerebral dysfunction (Chap. V., 5.1.3.). The stimulus-rich, confined environment proved too frustrating and stressful a situation for these children to master. In these situations their inadequate functioning, particularly in the performance and perceptual-motor fields, became more markedly overt.

This technique may also prove valuable as an assessment instrument after a child has been in therapy (Chap. V., 5.1.4.). The observer must preferably be someone who has not seen the subject before. The pre- and post-therapy group diagnostic reports may furnish the clinician with an objective statement to evaluate the child's progress in therapy.

Apart from the diverse diagnostic material referred to above, the method in itself offers additional advantages in allowing the shy, reticent child the opportunity to acclimatise to the clinic atmosphere. A case which illustrated this well will be cited briefly:

Evan, aged six years three months, was referred to the Clinic because of excessive fabrication and alleged sexual play. He was separated from his mother for approximately one hour prior to the first Diagnostic Group meeting. On her return he was very anxious, fearful and timid and refused to be parted from her. She accompanied him to the demonstration room, coaxing him to participate, but he resisted firmly, clung to her, cried and ignored the Conductor's requests. After about fifteen minutes any further attempts to separate Evan from his mother were abandoned and they left the group. During the second meeting his mother waited at the slightly ajar door to

reassure Evan. Though again hesitant and timid, he gradually responded to the attraction of the novel group activities, gaining confidence as play proceeded. He became more relaxed and increased his play interaction. During the third meeting his mother remained in the general waiting room; his performance was much keener, more co-operative, confident and friendly.

Imagine the reactions of a very anxious child, or a poor learner, undergoing an intelligence test as his first clinic experience. In a sensitive child with a poor self concept this test situation may well increase his anxiety level and cause him to become resistant to the clinic and its activities. Similarly as illustrated, a subject with a separation problem will find the clinic encounter less traumatic in the company of three peers, a friendly, permissive adult, and the relaxed atmosphere of a game activity.

A further very interesting type of assessment which the Diagnostic Group method was able to offer was that of social maturity in an attempt to predict school readiness (Chapter V, 5.1.5.). In certain instances knowledge of intelligence level alone is a rather limited premise on which to advise parents on school readiness, as school attendance means very much more than merely learning to read and write.

On occasions a child presented a very different picture in the Diagnostic Group from that suggested by his parents and teacher, as the following case extract illustrates.

Peter, aged seven years, was referred to the Clinic for encopresis and behaviour problems. His parents described him as overactive, excitable, destructive, unable to concentrate and clumsy. His school report confirmed that he was very aggressive and disobedient. Group observation with younger, smaller boys revealed a completely different facet of this child's behaviour. He acted in a very natural spontaneous manner, enjoyed box play and produced work of a high standard. He remained very task-oriented, established an excellent relationship with the Conductor and appeared helpful toward less able group members. At subsequent meetings his behaviour confirmed the initial impressions with emotional, cognitive and social behaviour well integrated and adaptively adjusted.

The clinician faced with this ambiguity in the pattern of behaviour can offer the parents encouraging advice on the child's ability to act constructively and reveal his specific strengths as observed in these social situations. He can analyse which aspects of the group activities have been optimal in evoking this mature pattern and search for psychologically relevant stimuli which are evoking the reported antisocial home and school behaviour.

In summary, the idiographic material gathered in a comprehensive holistic manner, has been very useful in the assessment of areas of stress and social inadequacies, situations which were ego threatening, techniques of coping and social skills, and also readily led to formulations of therapy programmes. Group observations were particularly useful in discriminating between children who were ready to accept group psychotherapy as opposed to individual therapy. Specific behaviour patterns, important in clinic subjects, which were well illustrated were: level of anxiety, handling of aggressive impulses, leadership ability, degree of dependency, self concept and initiative and level of social, emotional and cognitive maturity.

6.1.3. Theoretical Interpretation of Idiographic Data.

What general conclusions can be drawn from the idiographic data ? The theoretical orientations in this study suggest two very different angles from which the information must be viewed.

- (i) The observational data provides the clinician with a measure of ego strength as it presents in the child's functioning in various areas. His activities may be evaluated for their self-fulfilling qualities, balancing environment and inner needs to produce a socially acceptable self-satisfying performance or maladaptive social behaviour. In this assessment programme the clinician evaluates many facets of the child's behaviour which become integrated to present a picture of coping or one of inadequacy. These include the

comprehensiveness of social responses in its flexibility, assertiveness, regression, control and integration as well as richness and complexity of emotional and fantasy life and the organisational and maturity aspects of perceptual functioning.

The observational data together with information from clinic interviews, Children's and Parental Questionnaires permit etiological and dynamic structural features and the constellation of presenting symptoms to be explained and from these observations and deductions it is possible to make statements about the subject's ego resources and suggest recommendations for treatment.

(ii) In terms of the other approach, the social-learning orientation, the clinician is equally well placed. Observational data permit a comprehensiveness of report on antecedent-consequent relationships in such vital social-functioning areas as frustration-tolerance, aggression, dependency and passivity. Here again, the additional sources help to explicate the present symptom complex and guide the clinician in formulating therapy programmes along learning-theory principles.

The illustrative case records revealed that, while in some subjects the ego psychoanalytic explanation appears more fitting, in others the social-learning orientation seems more appropriate. But, generally speaking, both explanatory concepts may serve equally well as the basic theoretical frame in most instances. The clinician's analysis of the uniqueness of the individual child's record will only be the richer for utilising both these developmental explanatory concepts in an eclectic manner. Drawing from diverse theoretical approaches instead of adhering to a blinkered view may be strongly substantiated because in the clinical situation the theoretical bias of

the therapist may differ but the aim is universal, namely 'the modification of the client's percepts and responses, the way he channels his energies, and his tolerance for frustrations' (Stagner, 1965, p.299).

6.2. INTERPRETATION OF FACTORS.

It is relevant to recall that the factors were extracted from data constituted by group observations, parental attitudes, intelligence test level, age and sex. The explicit reasons for factoring this data were:

- (a) to examine the nomothetic findings in terms of consistency with theoretical expectations;
- (b) to seek meaningful interpretations for the factor constellations;
- (c) to contrast the factors emerging from the present study with ones isolated in other group studies, parent/child behaviour studies and factor studies dealing with child and adult personality structure.

In the interpretation the variables which load significantly on each factor will be outlined before discussing the findings in terms of the scheme outlined above.

6.2.1. Factor 1: Individual Assertiveness versus Passive Submission.

<u>Variable</u>	<u>Factor Loading</u>
R. Spontaneous versus Inhibited verbal communication	.68
W. Exhibitionistic versus Not exhibitionistic	.61
S. Much versus Little verbal aggression	-.59
H. Emotional expressiveness versus Rigidity	.54
F. Leader versus Follower	.53
A. Outgoing versus Withdrawn	.47
U. High versus Low interpersonal sensitivity	.40
B. Social flexibility versus Rigidity	.39
J. At ease versus Anxious	.39

<u>Variable</u>	<u>Factor Loading</u>
Y. High versus Low n. Achievement	.38
Q. Good versus Poor verbal ability	.35
HH. Boy versus Girl	.32
X. Independent versus Dependent	.27

This factor appears a very large one carrying the implication that much of the child's social and individual action patterns in a group is subject to a single factor. The highest loading of verbal spontaneity stresses the role of communication in the child's social interaction. The other positively loaded variables suggest a picture of social assertiveness, dominance and individual prominence. The pattern of social behaviour, highly loaded with Factor 1, depicts a boy who is able to manipulate social situations for individual satisfaction. In the observed situations he appears to excel, placing personal motives before group interests. Strongly assertive, dominant and self reliant, he is able to mobilise his ego resources spontaneously to achieve individual recognition while yet socially perceptive to the qualities of others. The opposite or negative constellation of traits depicts the girl whose rigid response patterns inhibit her effective, social and interpersonal relations. Because of restricted social expression she is unable to realise her own potential for self-actualisation and her role in the group is that of reticent, submissive dependence coupled with lack of initiative and passivity.

Gage and Cronbach (1965) found that accuracy of social perception related positively with effectiveness in interpersonal relationships. In the present study, accurate interpersonal judgement was one of the variables loading significantly on Factor 1; this is certainly congruent with Gage and Cronbach's findings. The fact that no parental attitude variables appear in this factor suggests that parental behaviour described in the extremes of 'Acceptance versus Rejection' and 'Permissive versus Strict' would

not be conducive to presenting the expressive, assertive, outgoing, adventurous leader implied in this factor.

This factor appears very prominent in a group of clinic children with behaviour disorders. This prominence may be related to two features: (a) the nature of the observation situation, namely, leaderless group activities and (b) the behaviour of subjects with peer problems which appears to a considerable extent tied to the assertive-submissive behaviour continuum.

The correlation between factors (Appendix X.3.) shows a correlation of .55 between Factor 1 and Factor 7. The associated variables suggest that the assertive, dominant subjects may have poor motor co-ordination, be unpopular in the group and be depressed. The assertive aggressiveness featuring in Factor 1 will certainly not increase the child's group popularity. Haythorn (1953), in an analysis of student group behaviour showed that this pattern of striving for individual prominence reduced group cohesiveness and friendliness as well as participant satisfaction with group activity. This suggests that those children in whom this factor plays a prominent role in determining social interaction will have considerable difficulty in adjusting to group demands and coping with their daily social negotiations. The finding of associated traits of depression and unpopularity in Factor 7 may therefore readily be accepted. The aggressive assertive pattern of Factor 1 appears linked with poor motor co-ordination and may possibly be a compensatory device for inadequacy in this very vital boyish activity sphere.

The positive pole of Factor 1 can be interpreted in ego psychological terms as ego-integrated, that is the ego functions interlock and act synergistically to produce optimal self realisation of the subject's strivings while, at the negative end, poorly integrated ego functions result in submission and passivity which curb not only the expressive verbal fluency but also inhibit social and individual strivings.

Social-learning theory may account for this type of social behaviour in terms of reinforced response patterns in line with socially approved sex-role portrayal. This learning theory explanation negates the necessity of invoking a prepubertal constitutional difference between the sexes.

The correspondence of the first factor in this study with Carter's (1965) Factor 1, 'Individual Prominence', is indeed very striking. As in Carter's study, this behaviour constellation stands out from the group with traits of exhibitionism, leadership and talkativeness indicating the individual's striving for dominance, ascendance and achievement of personal goals. Carter presents convincing evidence for this pattern in five other group observational studies.

Stott (1967), in a factor analysis of behaviour of four to six-year-olds, extracted a very similar Factor A, 'Social Ascendance versus Lack of Leadership', which included leadership, managerial tendency, vigour, originality, dominance in group, zest, self-reliant behaviour and talkativeness.

Turning to the work of Cattell and his colleagues, the resemblance of this factor with ones isolated by them, though perhaps not as striking as with Carter's Factor 1, nevertheless remains very definite. The adult pattern resembling this type of behaviour corresponds with Factor E, 'Dominance versus Submission', which contains the surface traits of self-assertiveness, confidence, boastful, aggressive, extrapunitive, vigorous and wilful (Cattell, 1957). This pattern of dominance is often associated with males in animal studies and in the present study also appears more frequently in boys than in girls.

Similar factor patterns are present in studies of childhood personality. Cattell and Gruen (1953), in a peer-rating study, extracted Factor 1 which strongly resembles the 'Dominance - Submission' pattern present in the factor now under discussion. Cattell and Coan (1957b), in a factor analysis of child personality structure based on parents' ratings also extracted a factor,

'Dominance versus Submissiveness' (Factor 8). As their subjects had a mean age of seven years four months, the writers suggested that the dominance pattern varied with age; in younger subjects it showed as fearlessness, temper tantrums and resistance. This pattern, in older children, presented as 'successful expressions of social dominance'. A most interesting feature which emerged in child behaviour patterns in relation to this factor was the appearance of high loadings on talkativeness which suggested that talkativeness in children is more closely linked to self-assertion than to sociability.

Coan and Cattell (1958), using the questionnaire technique in the same group of subjects, found they were able to reproduce amongst others Factor 8 isolated earlier. This factor showed close correspondence with Adult Factor E but '..... at lower age levels (that) the emphasis in content is shifted from dominant behaviour to aggressive, independent self-assertion. The tendency for the high scorer to prefer solitary activities to co-operative social activities is consistent with this picture' (p.344). This child uses others to realise his own strivings rather than co-operate with them.

An analysis of teachers' ratings of child behaviour also revealed a very prominent source trait, 'Dominance versus Submissiveness' (Factor 2), loading high on traits of aggressiveness, adventurousness, disobedience, boastful, demanding of attention and over-confidence. The prominence of antisocial and anti-authority behaviour is an interesting reflection of the orientation of the rater and the setting in which the data are gathered (Cattell and Coan, 1957a).

Analysis of an objective test battery in the assessment of personality dimensions in childhood (Cattell and Coan, 1959; Cattell and Howarth, 1962) revealed a factor pattern of assertiveness, Factor 1, which resembles the present Factor 1. Their test pattern suggested a person with high achievement strivings, self-reliance

and assertion from which they concluded that this source trait indicated motivational strivings in a test situation, a desire to do better than others and make an impression. Cattell suggested that though this trait was definitely determined by the social environment, it had a strong constitutional component with motivation playing a more prominent role than ability.

6.2.2. Factor 2: Group Co-operation versus Unsocialised Aggression.

<u>Variable</u>	<u>Factor Loading</u>
AA. Accepting versus Rejecting parents	.46
I. Good versus Poor emotional control	.39
S. Little versus Much verbal aggression	.38
BB. Permissive versus Strict parents	.35
W. Not exhibitionistic versus Exhibitionistic	-.33
D. Co-operative versus Unco-operative	.31
O. High versus Low creative ability	.29

In Factor 2, the positive pattern portrays the child who appears to have firm control over his emotional impulses and assertive needs while mobilising his creative skill effectively to participate in group co-operative interaction with peers. The negative aspect bears out the maxim that hostile parents have aggressive children.

The prominence of Parental Attitudes along the 'Accepting-Rejecting' and 'Permissive-Strict' continua and the positive correlation of .76 with Factor 4, where permissiveness and acceptance cluster positively, suggest that this factor pattern is related to parental attitudes and therefore strongly subject to learning theory principles. Relationships between parents and their children in a clinic population are of a more intense nature than in the general population; this is well borne out by the high loadings of these parental attitudes on this factor. The presence of verbal hostility and unco-operativeness associated with harsh and restrictive parental attitudes found in this study and strongly supported in the literature suggest the pathogenesis of the traits of poor frustration

tolerance, verbal aggression and exhibitionism to be related to inadequate parental handling of the child.

'Accepting-Rejecting' parental attitude must be given the most weight as it has the highest factor loading. Schaefer (1961) found that hostile maternal behaviour evoked behaviour along the same continuum, that is '..... the boy who has been hostilely treated tends to be a maladjusted child who either hostilely withdraws or hostilely attacks others' (p.144).

Though Factor 2 loadings indicate that restrictiveness and rejection favour aggression and group goal frustration, empirical evidence (Becker, 1964) shows that restrictiveness fosters well-controlled socialised patterns together with fearful, dependent, submissive behaviour and inhibited hostility. Permissiveness, on the other hand, favours outgoing, sociable, assertive behaviour with increased aggressiveness. This is patently a tricky problem and requires more investigation. Becker concluded from his survey that warmth and permissiveness facilitated the growth of sociable independent children. In the present study these two parental attitudes of permissiveness and acceptance do not appear positively linked with sociable or independent variables but strict-hostile conditions as opposed to lax-hostile ones were associated with noncompliant, aggressive and poorly controlled behaviour.

The presence of the creativity variable in this factor adds considerable interest to the meaningfulness of the data. Two variables, accepting and permissive parental practices, are here associated with high creativity, but in Factor 5 low creative ability is clustered with an accepting parental attitude. This suggests that it is the permissive aspect of the parental behaviour in contrast to the 'acceptance-rejection' dimension which is more pertinent for the realisation of the creative gift in the child.

In terms of Eriksonian ego psychology it is suggested that this factor pattern arises when there is disturbance in the satisfactory resolution of the nuclear conflict of autonomy versus doubt and

shame. Because of parental over-control, the child's self-regulating mechanisms fail to mature with a resultant lack of emotional control accompanied by feelings of shame and poor self-esteem. The parent's over-strict insistence and rejecting attitude create in the child a degree of hostility and a distorted concept of the developmental tasks, in other words, the child develops an exaggerated need to set his own limits irrespective of social demands. The autonomy which he acquires does not appear in a socially acceptable manner but presents perversely in exhibitionism and unco-operative peer play.

An alternate theoretical explanation in terms of social-learning theory suggests that during the phase of family-centred learning the task of the mother is to instill in the child a desire to become socialised. Under optimal conditions the child responds by acting in a more socially acceptable manner with increasing maturity in his social response patterns. Conversely, the mother who has failed to nurture this early socialisation drive will find her child presenting with antisocial behaviour patterns and immature social responses; in fact, a clinical picture closely resembling the negative pole of this factor. Sears, Maccoby and Levin (1957) found that 'maternal coldness' contributed to high aggression and frequently led to emotional disturbances during the toilet training period while: "Children of warm mothers mature more rapidly in their social behaviour than those of cold mothers" (p.484). In addition, the child himself gains more satisfaction and less frustration from his increasing need for affection. More susceptible to her control, he gains more pleasure from her attention and develops increased motivation to learn to behave in a socially acceptable manner.

The positive loadings of observational variables in the present Factor 2 suggest a close resemblance to the pattern of group behaviour described as Factor 11, 'Group Goal Facilitation', with the traits of efficiency, adaptability and co-operation acting

synergistically to achieve group goals (Carter, 1965). Carter found this factor the second important cluster of behaviour in his analysis of his own and other well-documented group observation studies.

There is also a strong resemblance of Factor 2 with Factor B, 'Personal responsibility versus Irresponsible impulsiveness', described by Stott (1967). His positive cluster of co-operative behaviour which includes the traits of concentration, conforming, empathy, unselfish, responsible and reality-oriented behaviour and the negative feature of impulsiveness compares favourably though, in the present study, verbal aggression also features prominently.

Bandura (1960) investigated intra-familial relationships and child training practices in relation to aggressive behaviour in non-clinic children. He tried to refute such concepts as deprivation, rejection and related his behavioural findings to imitative learning. He found that parental punitiveness, hostility and restrictiveness evoked aggression in the child and hostility toward peers. The finding in the present study that more verbal aggression is expressed by children of strict rejecting parents concurs with his finding while the loading of 'Physical Aggression' could not be gauged as this pattern was not included in the factor analysis. An interesting feature of Bandura's study is the observation that samples drawn from clinic populations are more selective and do not contain many highly aggressive subjects as only in one-sixth of his highly aggressive sample did the parents contemplate consulting a clinic. He therefore suggested that '...parents who are critical and rejecting of their child's characteristics are more likely to seek therapeutic attention with the aim of modifying the child's behaviour. If this is true, one would expect to find a high incidence of parental rejection in samples drawn exclusively from clinic populations' (p.32). The findings in the present study, in fact, bear out this statement.

In an examination of behaviour patterns of maladjusted children, Lorr and Jenkins (1953) subjected Ackerson's (1942) intercorrelation data on 5,000 subjects to factorial analysis. They extracted a Factor C, 'Unsocialized Aggressiveness', which described the child as '... distinguished by his egoism, his hostility, his explosive intolerance of frustration and his lack of self-control.... This personality, with its basic lack of socialization and its bottomless hatreds, has been found typically to be a product of overt and undisguised parental rejection, and particularly maternal rejection, during the earliest years' (p.18). This child is seen as unable to co-operate and cannot become integrated even in a delinquent group. This descriptive passage presents a more intense and exaggerated picture of the negative aspect of the pattern isolated in Factor 2 in the present study.

In a study of first and second grade school children, Digman (1963) found that dominating over-protection and rejecting parental attitudes were positively related to features of hostility, aggression and non-cooperation. Cattell and Coan (1957 a), in a study of 198 six to eight years old children, isolated Factor 12 resembling 'Coasthenia' or 'J' in adults, both of which have a marked resemblance to the present Factor 2. They explained this behavioural cluster of aggressiveness in childhood changing into passive obstructiveness later as '... associated with disobedience and early hostility to the parents, especially the father, and (they) have hypothesised that it is a pattern associated with authority problems, especially at the period of toilet training' (p.326).

Schaefer (1961) suggested, in studies examining relationships between parental attitudes and child behaviour, that analysis should be done separately for boys and girls since sex differences probably play an important role in determining parent/child relationships. This, unfortunately, was not done in the present study and must be accepted as a methodological criticism.

6.3.3. Factor 3: Group Sociability versus Social Withdrawal.

<u>Variable</u>	<u>Factor Loading</u>
G. Cheerful versus Depressed	-.49
D. Co-operative versus Unco-operative	-.42
E. Good versus Poor relationship with Conductor	-.40
EE. High versus Low level of parental objectivity	-.39
A. Outgoing versus Withdrawn	-.36
J. At ease versus Anxious	-.36
S. Little versus Much verbal aggression	-.35
H. Emotional expressiveness versus Rigidity	-.33
X. Dependent versus Independent	.31

The positive pattern describes behaviour which is eminently sociable and oriented toward a cheerful, carefree, dependence on group participation, while the negative aspect portrays stubborn and fearful social withdrawal. Theoretically this behaviour may be accounted for as follows. Erikson's developmental phase III describes the conflict of the child acquiring a sense of initiative in the challenging, ever-expanding social environment while overcoming a sense of guilt at discarding previously acquired trusting dependency. The negative constellation of traits suggests behaviour where a child has failed to resolve this third nuclear crisis. The depression associated with poor peer and adult relationship together with anxiety, lack of emotional expressiveness and withdrawal, present a picture of a child who has problems in establishing his self-identity probably exacerbated by unrealistic evaluation by his parents.

The most striking resemblance of the pattern found here is to Factor III, 'Sociability', described by Carter (1965) who defines this as '...behaviours of the individual related to efforts to establish and maintain cordial and socially satisfying relations with other group members' (p.286). In the studies which he analysed, the qualities which constitute this factor are all 'related to a friendly interpersonal behaviour pattern of an individual toward the other group members' (p.284).

The description of variables loading positively on Factor 3 also shows a close resemblance with Factor D, Social Effectiveness (Sociability), described by Stott (1967). The positive clusters defined by him are social ease, friendly behaviour and social sensitivity. Fiske (1948) also isolated a similar factor pattern, 'Social adaptability' in an adult group observational study.

This factor pattern bears definite resemblance to the pattern of Extraversion/Introversion described by Jung and confirmed by Eysenck (1953a). The Extraversion pattern describes sociable, trustful, conforming behaviour and the opposite introversion pattern depicts persistence, shyness, anxiety and depression.

In adult studies of L-data, Cattell (1965) holds that the source traits A, 'Affectothyme versus Sizothyme' and F, 'Surgency versus Desurgency' contribute approximately equally to a person's score on 'Sociability' or readiness to meet people. Source trait A is positively loaded with the traits: easy-going, co-operative, attentive to people, soft-hearted, trustful and adaptable. Source trait F has the traits: cheerful, sociable, energetic, humorous, witty and placid. Cattell's specification equation conveys the concept that behaviour in any situation is usually determined by several factors acting together. Factor 3 particularly bears out this contention as this type of group behaviour may be viewed as an integration of source traits A and F.

The factor under discussion also resembles factors isolated in child personality studies. 'Surgency versus Desurgency', described by Cattell and Coan (1957 a), is occasionally labelled 'social adjustment', but the presence of standard markers, cheerful, alert and placid, definitely link it to the construct of surgency. A similar factor was also isolated in a parent-rating study (Cattell and Coan, 1957 b) and also appeared as the first factor in an eleven-year-old peer group rating study (Cattell and Gruen, 1953). They found, as in the present study, that dependence appeared positively loaded on the surgency pole: "The novelties are an

emphasis on readiness to undertake new things, on depending on the group, on practicality, on shrewdness, on wider information, on the small role of talkativeness, variance in which among children seems more determined by other factors" (p.262).

Cattell (1957) described this pattern of surgency in eleven-year olds as emphasising cheerfulness, sociableness and resourcefulness with greater emphasis on sociable flexibility and less anxiety than in adults.

He suggested that '...desurgency is a consequence both of a difficult environment and of some tendency of the individual to make his environment more difficult by taking on more long-term goals and responsibilities' (p.118). This may account for the loading of independence on the 'desurgent' pole of this factor. Surgency versus desurgency is considered an enduring individual difference determined by inhibiting environmental conditions. The negative aspect of this factor in a clinic population presents a pattern combining anxiety, depression, the tension of obsessive guilt and seclusiveness.

The first three factors extracted appear the most important in this observational study; the following six factors are much smaller and are all related to parental attitudes. These contain much more inferential and subjective data than the observational material, therefore less weight should be attached to factors 4 to 9. Additional difficulty in relating these findings to theoretical explications and other research data may be caused by the fact that for none of these variables were the mother's and the father's attitudes separated; the subjects come from very diverse socio-economic backgrounds and factor analysis was not computed separately for boys and girls - all relevant methodological criticisms.

6.2.4. Factor 4.

<u>Variable</u>	<u>Factor Loading</u>
BB. Permissive versus Strict parents	.61
AA. Accepting versus Rejecting parents	.51
N. Inattentive versus Attentive	-.41

The high correlation (.76) of this factor with Factor 2 is highly suggestive that this factor represents an etiological link with the behavioural syndrome described in Factor 2. The negative loading of 'Attention' on this factor is not readily explicable. The reviewed literature repeatedly emphasizes the independence of 'Accepting-Rejecting' and 'Permissiveness-Strict' continua. Various reasons may be suggested why this was not found in the present study. Methodological ones include the very subjective and inferential nature of the ratings, insufficient source data, the 'halo' response set in rating and possibly the nature of the sample as clinic parents cannot be compared with a 'normally' distributed range of parents.

6.2.5. Factor 5.

<u>Variable.</u>	<u>Factor Loading</u>
DD. Harmonious versus Hostile interparent relationship	.59
J. Anxious versus At ease	-.49
O. Low versus High creative ability	-.45
AA. Accepting versus Rejecting parents	.43

'Interparent relationship' has the highest loading in the constellation of variables. The clustering of 'Anxiety' with 'Harmonious interparent relationship' and 'Accepting parents' is not clear. However, from this factor it appears that a pattern of inter-parent hostility and rejecting attitudes toward their children exists in this study. The link between inter-parent relationship and attitude toward offspring may take one of several patterns. The

aggression emanating from frustration inherent in parental discord may be displaced on to the child whose presence may aggravate the situation or prevent dissolution of an unsatisfying marital relationship. The association of low creativity with accepting parents was previously pointed out as rather contradictory to the finding in Factor 2, where low creativity was associated with a rejecting attitude in parents. This apparent contradiction may be explained by accepting the relationship of high creativity with permissiveness as shown in Factor 2, as more significant.

6.2.6. Factor 6: 'Unrealistic Social Learning'.

	<u>Variable</u>	<u>Factor Loading</u>
EE.	Low versus High level of parental objectivity	-.50
N.	Inattentive versus Attentive	-.34
T.	Poor versus Good task persistence	-.32
V.	Unrealistically high versus Low self concept	.27
HH.	Boy versus Girl	.26
W.	Low versus High interpersonal sensitivity	-.26

This factor has been named for the negative, more significant characteristics and the interpretation will hinge on these aspects. This pattern is heavily loaded with 'Parental objectivity'. An unrealistic evaluation by the parent will create in the child a correspondingly unrealistic framework for the growth and development of his self concept and interpersonal relationships as well as an unrealistic attitude toward excellence of task execution. These faulty perceptions hamper his ability to evaluate his environment realistically. The factor loadings of inattention, poor task persistence, overestimation of own ability and low interpersonal sensitivity are all aspects of learned social tasks and inadequacy in all these areas may well be related to an unrealistic self concept and low parental objectivity.

6.2.7. Factor 7.

<u>Variable</u>	<u>Factor Loading</u>
L. Poor versus Good motor co-ordination	-.48
C. Unpopular versus Popular	-.45
HH. Boy versus Girl	.36
G. Depressed versus Cheerful	-.32
EE. High versus Low level of parental objectivity	.25

This factor describes, at the negative pole, a pattern of poor motor co-ordination, unpopularity and depression, linked with highly realistic evaluation by parents. The loading of 'High Parental Objectivity' with the negative pattern may be explained by the fact that parents are more accurate in their perception of antisocial and annoying features in their children's behaviour rather than in their recognition of the more subtle, quieter inhibited response patterns. The fact that the 'Parental Objectivity' loads positively on two separate factors suggests that there were two distinct types of parental evaluation. Whereas previously (Factor 6) the parents' unrealistic judgements engendered faulty social learning, the unrealistic parents here appeared unable to see the positive aspects of their children's behaviour clearly.

The association of 'poor motor co-ordination, unpopular and boy' is readily acceptable in this age group where physical prowess plays such a large role in social acceptance. The correlation of .55 of this factor with Factor 1 has been discussed previously.

6.2.8. Factor 8.

<u>Variable</u>	<u>Factor Loading</u>
BB. Permissive versus Strict parents	-.50
DD. Hostile versus Harmonious interparent relationship	.48
L. Good versus Poor motor co-ordination	-.31

Factor 8 can also be thought of in terms of parental attitude with the emphasis on hostile interparent relationship represented at its extreme negative pole by the twelve sets of divorced parents included in this series. This set of factor loadings complements Factor 5 which also described a constellation heavily loaded with interparent attitude but whereas there the hostile parents were of a rejecting nature, here they appear to be excessively permissive. The finding of parental discord associated with excessive permissiveness may be variously explained. The low morale of the parents may cause them not to bother to exert parental control in the home, or their guilt feelings in not providing an adequate home may influence them not to exercise discipline in a mistaken belief that this would impose additional strain on the already 'deprived' child. The presence of good motor co-ordination in this factor pattern can only be accepted as a peculiarity of the sample as no theoretically-linked explanation appears readily available.

6.2.9. Factor 9.

<u>Variable</u>	<u>Factor Loading</u>
GG. Younger versus Older	-.48
FF. Very bright versus Very dull	.39
EE. High versus Low level of parental objectivity	.29

It is difficult to account for this pattern of loadings. This is the only factor where intelligence appears as a salient item while 'Performance Ability', Variable P, does not appear as a significant loading on any factor. In this group of children with a normal range of intelligence and the definite emphasis of observations on social-emotional data, the role of performance ability appears to be minimal in accounting for behavioural phenomena.

Another variable which did not appear in any of the factor loadings is the Parental Attitude variable, 'Nonchalant versus Over-anxious awareness of problem'. This may be because of the marked subjectivity and minimal evidence synthesised in its rating. It could possibly have been omitted or more accurate attempts

to estimate this variable should have been made. The first three factors constitute the main features of this factorial analysis. Their prominence and definite group links underline the vital importance of the social determinants of individual behaviour. When the group is viewed as a dynamic medium where 'instrumental-adaptive' activity and 'socio-emotional' problems are resolved (Roseborough, 1953) and not merely in terms of the concept 'norms' and attitudes, these three personality factors, 'Individual assertiveness versus Passive submission' and 'Group co-operation versus Unsocialized aggression' and 'Group sociability versus Social withdrawal' and their distribution within the personality structure of the children assume definite clinical significance. This positive contribution, extracted from the factorial results, greatly enhances the already established contribution of the Group Diagnostic technique accruing from the idiographic data.

CHAPTER VII

DISCUSSION

The procedural and methodological problems arising out of the Diagnostic Group technique will be considered while the group tasks will be individually appraised in this chapter. The value of the Parental Questionnaire as an instrument for clinical enquiry and methodological difficulties in gauging parental attitudes will also come under close scrutiny.

7.1. DIAGNOSTIC GROUP METHOD AS A NEW TECHNIQUE IN THE CHILD GUIDANCE CLINIC.

7.1.1. Procedural Factors related to Group Composition.

Various research questions arose during the planning phase of this study. Because these difficulties often beset group studies, they merit brief mention before discussing the problems specifically encountered in this diagnostic technique. In addition, experience and empirical evidence have shown that these procedural or situational factors, which form an integral aspect of the present research design, must be carefully defined prior to the commencement of any observational study.

(i) Nature of sample.

The selection of the sample in a study is usually regulated by three determinants: the working hypothesis, representativeness and availability. The working hypothesis in the present study ideally required that the subjects should be limited to those with peer problems only. In practise this was not possible, since this sharp delimitation of problems is not often found in reality.

The entire sample was drawn from children attending a child guidance clinic. This source appears a natural one as peer problems in this population are likely to be more prevalent than in a randomly selected group of school children, but limitations of

this population and practical demands exerted by the Clinic imposed certain restrictions on the nature of the groups. The requirements of the Clinic and particularly extreme pressure for service from the public could hardly be ignored. Therefore, instead of delaying group observations till a suitable candidate would appear, subjects with minimal or no peer relationship problems were also included.

A further important feature relating to the nature of the sample is the personality attributes of members constituting a group. Haythorn (1953) found that different personality attributes of individual members influenced the functioning of small groups. The present study did not aim at exploring small group dimensions but it amply illustrates the modification group behaviour undergoes in response to individual personalities. In the pilot study two very disturbed girls were observed in the same group: the general chaos, extreme regression and immaturity to which play descended made a very dramatic impression and this experience had some influence in selecting group members. Beyond this, however, personality attributes were not controlled for in the present study. At the present stage of experience it is difficult to define the ideal group composition but, perhaps not more than two very aggressive or two very timid and inhibited subjects should be grouped together, while a very disturbed subject should preferably be observed in a near-normal group.

Churchill (1965) suggested that children with 'severely bizarre' symptoms, physical handicaps or retarded mental development should not be observed in groups. Even if one does not agree with Churchill, three important precautions must be taken before placing very disturbed subjects in a diagnostic group. First, psychological ethics demand that the parents of the three normal children agree to their participation in the group; the impact of the deviant member should in no way be a traumatic experience for the other members, and finally, the experience should not be harmful to the subject himself.

It is also, broadly speaking, acceptable to introduce a child with a physical handicap into a diagnostic group provided his handicap does not preclude him from attending an ordinary school. This means that in his social milieu he has to cope with daily stresses of sympathy, teasing, sarcasm and bullying from peers, exacerbated by frustrations stemming from his own physical inadequacies. The observer may well gain insight into the child's available ego resources and methods of coping with these situations and suggest means of correcting maladaptive coping styles along learning theory principles. In the present study no child with a marked physical handicap was observed, though in one instance a mother considered a mild orthodontal deformity a severe physical handicap.

Churchill's advice against observing severely retarded subjects in an intellectually normal group may well be a valid precaution. In the present study patently retarded subjects were not included though several borderline children were observed. In these subjects poor school progress may very readily result in a poor self-image and these felt inadequacies may then lead to poor peer relationships. Group observation of dull-normal children may be rewarding in revealing the nature of such difficulties. Parental guidance with emphasis on the need for better social adjustments and for an improved self concept may assist the parents in helping their child achieve greater peer-acceptance and confidence, while the parents themselves may more readily accept the child despite his cognitive inadequacies.

(ii) Size of group.

In an observational study one of the most vital determinants of group size is the largest number of subjects, actively engaged in group activity, which one observer can effectively observe while simultaneously recording ongoing behaviour.

The second determinant of group size is related to the patterns of behaviour which the investigator wishes to observe. When focusing on verbal interchange only, Bales and Borgatta (1965) showed, in an experimental study with groups of two through seven members, that one person could reliably observe a group of seven. The size of the group did, however, have quite clear effects: for instance, with increased size there was an increase in Bales' categories of 'showing tension release' and 'giving suggestions' and a decrement in categories of 'showing tension', 'showing agreement' and 'asking for opinion'. The odd-even effect of group size was reflected in the fact that groups of four or six showed higher rates in the categories of 'showing disagreement and antagonism' but asked for fewer suggestions than odd-numbered groups.

In an excellent review article, Thomas and Fink (1965) concluded that, in general, quality of performance and group productivity related positively to size while the average number of participations per member decreased as size increased. Smaller groups inhibited expression of disagreements and dissatisfactions more effectively than larger groups but increased opportunities for interaction and leadership behaviour. Studies conducted subsequently to Asch's experiment (1953) confirmed that group size was an important factor in determining response to pressure to conform. Lambert (1960) discussed numerous further important issues pertaining to size of groups in observational studies while Mann (1959) reviewed many face-to-face studies of groups comprising three through ten members. In these studies the size of the group did not really affect relationships but intelligence was more positively related to leadership in smaller experimental groups. The efficiency of the observer plays an important role in determining the size of the group. Redl (1944) found that his trained group leaders could effectively observe a group of eight children.

All these studies reveal the multiple influences, apart from the purely pragmatic, which must be considered in determining the size of the group to be observed. In the present investigation four subjects were elected for observation. The small size of the room which limited the group size and physical mobility, increased the accuracy of a single observer. Three members were thought insufficient for eliciting the range of responses necessary to yield valuable clinical data, especially sub-grouping patterns and interactional behaviours. One observer could readily cope with the recording and coding procedure but it was considered undesirable to increase the size of the group for several reasons. Bales and Borgatta's finding of greater conflict in even-number discussion groups acted as a deterrent to increasing the number of interacting members to an odd number. Multiplying the activity and interaction by adding a group member would, of necessity, have placed greater strains on the skills of one observer and also, possibly, have reduced the accuracy and detail of observations. However, with an abbreviated and simplified coding system and greater emphasis on narrative recordings, this increase in group size may well be advantageously achieved. Five members would certainly have provided a richer interplay of emotions and activities and yet would not constitute so large a group as to inhibit or confine intra-group communications.

An experimental design requiring the presence of four subjects simultaneously brings with it the additional handicap imposed by absenteeism, an ever-present hazard which makes considerable additional demands on the investigator's time. One method to circumvent unnecessary absenteeism is to enlist the firm co-operation of parents well in advance, as the effects of absenteeism are possibly more important in diagnostic than in therapy groups.

(iii) Age and age-range of members.

Setting the age limits for observation within a specific age range is again closely linked to the guiding hypothesis. The middle childhood years, from six to seven through eleven, find the child busily engaged in the developmental task of 'doing things' in a social setting. This age, when the child adjusts to school, acquires skills and interests and forms social relationships with same-sex peers, was considered eminently suitable in an observational study of this nature.

Practical aspects such as availability also played an important role, as the ages of more than half the children attending the Clinic range from six through eleven years. Churchill suggested that the age range within a group should span two years or, alternatively, the age of group members could range over several years provided that there was no more than one year's difference between any child and the child closest to him in age. In the present study it was decided to set the age limits rather more stringently than Churchill and confine the range to twelve months. This was because, in some instances, the demands made by the group tasks were graded according to the age of the group members, therefore distinct age differences would place subjects either at an advantage or disadvantage and thus call into play additional uncontrolled situational variables.

(iv) Sex of members.

Because the age period selected for study coincides with maximum same-sex activity while opposite-sex interaction is greatly eschewed, it followed naturally that only same-sex members be included in a group. Research evidence presented by Churchill also showed that by combining both sexes, groups had to be abandoned as they invariably split into two permanent same-sex sub-groups.

Though forty-four boys and twenty girls were in fact observed, the design ideally intended to study the same number of boys and girls so that data could be analysed comparatively. If more girls had been included, a more balanced evaluation of the technique in relation to both sexes could have been proposed. This becomes very apparent when considering the definite, varied, sex-linked responses to similar group activities as illustrated in the reports of group behaviour (Appendix VIII, 1 and 2). The Clinic population available, however, made it impossible to have equal numbers of boys and girls. An alternate strategy was to discard the data from the girls' groups and subject the observational material from the boys' groups only to statistical analysis. This was not acceptable for, though boys and girls typically responded very differently to the same set of activities, there was also a great deal of coincidence in their behaviour while the differences may be ascribed to personality features such as aggression and dependency which are commonly more markedly exhibited by boys and girls respectively.

A research study with evenly distributed sexes may be infinitely more valuable as this will permit of greater weight being attached to statements on differences between boy and girl behaviour in clinic subjects.

7.1.2. Group Planning.

A diagnostic technique, whether used in a clinical or research context, demands stringent definition of its constituent activities. These test procedures, which were clearly denounced prior to undertaking the study, will be appraised briefly.

(i) Number of meetings.

As it was not intended for the group experience to become a therapeutic one, a fine balance had to be struck between observing the subjects frequently enough to gain insight into their behaviour in diverse social settings and yet not so frequently as to allow the group processes to become vested with psychological meaning for

the individual. That this is feasible, is borne out by empirical studies which showed that even one meeting may be fruitful in revealing personality phenomena (Borgatta and Cottrell, 1955). However, these studies usually focused on specific aspects of personality functioning and were not concerned, as in the present instance, with general diagnostic material and, particularly, reactions to social stress. Further determinants in planning the number of group meetings relate to practical issues: the number of times parents had to bring their children to the Clinic, the child's time in attending the group and time spent by the observer with the group assumed proportional importance.

Churchill's design of four meetings was initially followed but, during the pilot study, it became evident that the proposed range of activities could be covered adequately in three meetings. Four meetings would be very time consuming, both for the subjects, who were concurrently undergoing other forms of investigation in the Clinic, and for the investigator. In addition, it would mean that about five weeks would elapse before the parents could be given any information as to findings pertaining to their child. This prolonged waiting period might considerably increase the anxiety level of an already over-anxious parent. The economy of meeting three times instead of four is very obvious and, in terms of the enormous case-load at a busy clinic, this economy of time becomes not just a nice distinction but an important practical issue. On the other hand, it becomes farcical to reduce the number of meetings merely for the sake of economy or to increase the case turnover but, if this reduction can be achieved with the confidence that the comprehensiveness of data is not decreased than it is strongly advisable.

Generally three meetings might allow sufficient interaction for certain group features to develop; role differentiation, particularly, proceeds quickly in keeping with the subjects' usual response

patterns. Patterns of likes and dislikes form but, of course, at so early a stage these may be very emotionally charged. To accept that one will get more than an indication of individual status of social acceptance or rejection by observing a group on three brief occasions is perhaps presumptuous but probably acceptable on the grounds of empirical research. Hunt and Solomon (1942) found that children in a group quickly established patterns of relationship which remained stable and though stability was not achieved at the immediate onset of grouping, the process was nevertheless rapid. Three meetings proved adequate in the present study but in a group observation procedure with greater 'problem-oriented' emphasis, the introduction of a fourth meeting with the express purpose of clarifying problem behaviour patterns manifested in the previous three meetings may well be advantageously adopted.

(ii) Duration of meetings.

The duration of meetings had to be attuned to the needs of the child as well as the requirements of the investigator. The first meeting, during which the members had to orient themselves to both the task and each other, lasted approximately forty-five minutes. Attitudes to future group meetings were formed at this initial meeting and, as the pace of the activity was slow, it was essential not to extend the time beyond a satiation point.

The much more exciting demands of the second meeting allowed for a slightly shorter period of more intense interaction, therefore this meeting was not usually longer than forty minutes. Extreme permissiveness in the psychodrama scenes often encouraged the subjects to become very uncontrolled and emotionally labile; this sometimes entailed cutting short of activities before behaviour became excessively undisciplined. Prolonging this type of activity invariably revealed no further diagnostic data, but merely exaggerations of previously manifested behaviour patterns.

The diversity of activities during the third meeting consistently permitted subjects to be happily occupied for about an hour. Younger members, however, took considerably longer than older ones to complete the Children's Questionnaire and it is suggested that with illiterate subjects this task may possibly be postponed to a fourth meeting, preferably as soon after the outdoor games as possible so that patterns of choices and rejections relevant to these activities are still fresh in the children's minds.

(iii) Group activities.

Observation in partially controlled group situations with varied task problems places this work in the realm of group observational tests. In this context various questions arise, such as how do these observations meet the general criteria of situational tests; are the subjects able to 'fake' their responses; are the elicited behaviours diagnostically relevant; is the technique economic in relation to the purpose for which the situations were structured?

In a personality assessment situation, the aim of the investigator in some ways determines the reaction of the subject. The greater the understanding and insight the subject has, the more likely is he to influence the outcome by self-manipulation. The more complex the situations and the younger the subjects, the less likely it is that the subject can decide in the most 'desirable' course of action. In the present study the wide range of behaviour documented suggests that the children were not strongly influenced by the Investigator's aims and intentions.

A general criticism of situational tests is the low relevance of elicited behaviour relative to the postulated range which the diagnostician wishes to observe. This criticism must be tempered by the fact that the closer the relevance of the test-task to the everyday activity of the subject, the greater the validity the results will possess. In the present study, this difficulty has been found particularly in subjects referred for lying or stealing and also for bedwetters and encopretics. The evocative situations cannot possibly

be arranged to elicit the wide range of problems which all clinic children present. Two ways in which this problem may be overcome are: firstly, by careful selection of subjects whose problems will be adequately exposed in the diagnostic group situations and, secondly, by the suggestion of Churchill's that a fourth meeting be arranged to elicit the specific problem behaviour about which greater diagnostic clarity may be desired.

The next question pertains to the clinical material gathered during the time of observation. Kleinmuntz (1967) estimated that the clinician spends about six to eight hours administering and interpreting a TAT and Rorschach, while the present technique needs approximately one-and-a-half hours of the clinician's time. The difference is very marked, but the child's problem and the clinician's training and orientation toward psychopathology will, in the final analysis, determine whether the clinician elects to use this technique in addition to projective tests.

Perhaps the most vital determinant for expecting valid observational results is careful planning of group situations. Vinter (1967) proposed very excellent criteria by which the investigator may anticipate the range of responses he will observe in certain selected situations. A critical look at the group activities employed in this study will allow the reader to draw his own conclusions as to the enhanced scope offered, particularly in the social and emotional fields, as compared with the usual dyadic techniques available to the clinical psychologist. In planning, definite theoretical concepts were followed; the activities afforded subjects numerous opportunities for spontaneous play in a milieu relevant to their developmental tasks with freedom of choice in their social relationships. The tasks permitted observation of a wide range of ego functions within a variety of stressful and non-stressful social situations, all basically related to peer interaction. Churchill's subjects discussed their reasons for attending the clinic, their problems and the satisfactions they hoped to gain from

the meetings; a procedure which added therapeutic connotations to the meetings and introduced added variance. This was not encouraged in the present study as it was felt that these discussions might be perceived as 'ego threatening' and would thus inhibit social performance.

In a clinic population the variations in social relationships and adaptive or maladaptive interaction become the first target for observation. The specific set of arousal circumstances, the child's own motivational needs and anxieties, his self-percept and habitual emotional expression provide a broad base for the diagnostician to make judgements along a continuum from well-adapted to problem behaviour such as inhibited, neurotic or even psychotic patterns.

In order to increase social interaction, the process of group members 'becoming acquainted' had to be accelerated. Also, tasks known to influence group behaviour pervasively had to be planned carefully in order to expose the subjects to a wide and varied range of opportunities for social engagements in co-operative, conflictful and parallel situations where not only peer relationships but also relations to an adult could be observed.

Situations were devised which most frequently aroused problem peer behaviour; these will be appraised for their efficiency in revealing diagnostically relevant, diverse and varied patterns of behaviour.

First Meeting: The rationale for selecting the 'arts and crafts' table activity was fully presented previously; here the adequacy of this activity in terms of its proposed qualities will be discussed. To reiterate briefly, the behaviours the Investigator wished to observe were social interaction, task orientation, needs of affiliation, achievement, autonomy and dependency.

At the initial meeting, the 'origin phase', it was important to establish rapport with all the members, simultaneously allowing them to feel relaxed in the group atmosphere and the selected activity to become vested with positive valence for the members. The decision to place the 'creativity' box' task first in the sequence of group activities proved fortuitous as the more resistant subjects were readily encouraged to return after having experienced little or no anxiety at the initial group meeting.

The performance features of the task formed a more prominent and integral part of the group activity and overshadowed demands for social interaction; therefore, the stage was set for observing the overt behaviour of the very outgoing, sociable child with definite affiliatory needs. The requirements for constructive modelling permitted rewarding diagnostic insights into task attitude, achievement, autonomy and dependency needs, while the products could readily be rated for originality and small muscle coordination could be gauged during the meeting.

The duration of the meeting proved suitable for allowing group members to become oriented toward the task and one another. A few subjects became bored, but decreasing the period of time to within everyone's satiation point would possibly delimit the richness and diversity of observational data which may be expected to emerge, reduce the range of responses, and obscure various task attitude features.

It is well known that situational factors such as seating positions influence channels of communication; in view of this, a square table in place of a rectangular one might have reduced extraneous sources of variance as the subjects seated at the far ends of the table communicated less readily with each other than did adjacent members. The activity

selected closely resembles the task suggested by Churchill in being 'potentially highly interesting and providing opportunity for both individual and group activity' while allowing 'safe ways for constructive isolation' (p.584). Yet this activity was possibly superior, as it permitted greater scope for creativity in play with unstructured material. The subjects, engaged in parallel activity in close proximity, were placed in a situation most conducive to social communication, while the necessity to share play tools encouraged further reciprocal activity. The structure of the task coupled with the responses of the subjects generally led to the conclusion that the box play activity was an eminently suitable play medium for group observation for both sexes and the age-group of this study.

Second Meeting: Puzzle game: this game was devised to elicit a range of diverse behaviours rather than expose performance ability and task-efficiency per se. Therefore, the grading of the puzzle game had to be very carefully linked with the cognitive abilities of individual group members so as to achieve the primary goal of observing social and emotional behaviour patterns in a cognitive task setting.

Social relationships were readily called forth by the nature of the task and task-design while patterns of co-operation appeared early in this meeting. The cognitive demands of the task readily reflected behaviour referable to performance ability, task orientation and reaction to frustration.

Observation of the child's mode of execution also provided excellent opportunities for noting leadership and submission, while achievement-oriented activities appeared as a response to being motivated to compete with a standard set up by the Conductor. This wide range of observational material obtained distinctly underlined the value of this procedure; not only did it prove rewarding in terms of

yielding information, but it also held the interest of group members. Only one of the sixty-four subjects refused to participate while only one group abandoned the task before completion. The wallpaper puzzle, in sum, generously complied with Churchill's specification that tasks should elicit a variety of behavioural responses.

Psychodrama: in a pre-pilot group of non-clinic school-boys, fantasy play was found to provide a rich source of projective material, an impression which was confirmed in the pilot group. In the main study, this initial impression proved correct for the girl groups but in many boy groups, especially with one or more very aggressive or disinhibited members, aggressive impulses, always near the surface, readily erupted. The permissiveness, encouraging atmosphere and inviting carpet in a small room further enticed the boys into turning every scene into a 'wrestling match'. This differential sex-linked response to the fantasy play may readily be seen by contrasting responses of the boys and girls in the illustrative reports (Appendix VIII, 1 and 2).

Lack of control of aggressive impulses in a group has been described by Redl (1958) as 'loss of ego control through group psychological intoxication' (p.84). The Investigator found that the children, after participating in boisterous play in a particularly permissive atmosphere, often burst from the demonstration room in a pent-up emotional state. When a situation makes very different and more exacting demands on ego control compared with a permissive situation immediately preceding it, the previous type of unruly behaviour frequently 'spills over' to the new situation where it is completely inappropriate and causes chaos. This observation has an important bearing on the sequential ordering of activities in the present study and has many broader implications in handling of groups generally.

This finding of excessively uninhibited behaviour can also readily be interpreted in terms of Kitano's (1962) explanation that problem children were more maladjusted in unstructured situations where role prescriptions were not clearly defined.

Preceding this type of activity with the box and puzzle games permitted group members sufficient opportunity to become acquainted and to master some of their initial reticence. The sequential ordering of the quieter performance activity before the freer fantasy play proved correct in view of the excessive amount of undirected energy unleashed by the psychodrama.

The verbal group task was aimed not so much at gaining an impression of verbal ability, but at providing subjects with a medium for expressing ideas and feelings in relation to the elementary family and peers in imaginative role-playing situations. Though conflictful intrafamilial attitudes and emotions were more readily observed in girl groups, two further very valuable aspects of personality functioning were revealed in the play-acting scenes, namely leadership ability and flexibility of social behaviour, features which were also particularly noticeable in boy groups.

Third Meeting: A large part of the child's daily activities is taken up by games. As he grows older, these games assume greater structure in terms of rules and physical skills while reflecting increasingly mature emotional and social response patterns. In this study the body of rules was only valued for providing possibilities of observing reactions to winning and losing, but the social and emotional aspects of games' behaviour formed the main target of observation. Relative to these features, the variety of selected outdoor games provided adequate opportunities for evaluation of physical, social and emotional play skills.

Comparing these outdoor tasks with those suggested by Churchill, it is of interest that they were more structured and fell short in not having the greater social testing, 'boundary spanning' features which she described. Her 'community outing' is a very adventurous undertaking and was not possible in the setting of the present study.

Children's Questionnaire: an evaluation of the final activity engaged in by the group should preferably be considered first in terms of the task setting, that is a classroom type task before evaluating the content of the Children's Questionnaire.

(a) Classroom type task: the most striking observation was the 'hangover' effect previously observed in psychodrama when play shifted from boisterous freedom to disciplinary demands. The carry-over of uninhibited behaviour from the less structured, free outdoor games to the more disciplined classroom situation was most striking in very uninhibited groups. Attempts to control these excessively unintegrated motor responses took the form of insistence on a quiet return from the playfield to the clinic precincts, quiet working at desks, and definite demands for attention in the miniature schoolroom setting. Some subjects adjusted well, while others (Chap. V, 5.1.3. and Appendix VIII, 2) illustrate the opposite. Observation of the 'schoolroom' behaviour of subjects proved valuable and, as the clinic provided a much more intimate and permissive setting than the real schoolroom, attentive task application here augured a fair prediction in the actual classroom.

(b) The Children's Questionnaire: the administration of the Questionnaire presented very few technical hitches but responses had to be carefully checked during the meeting so that later misunderstandings could be

minimised. Each page will be individually appraised particularly in terms of social relations. As a technique for assessing attitudes towards peers, the questionnaire incorporating the sociometric method has been shown to be most acceptable (Yarrow, 1960).

Page i: Valuable information on levels of peer acceptance was obtained but, with so few subjects, the results must be weighed not only in terms of total scores but also for patterns of 'likes' and 'dislikes'. A high score of popularity may well stem from a subject being chosen frequently by one group member only while being ignored though not rejected by others. This difficulty cannot be circumvented by increasing the number of sociometric questions as the response patterns do not change when more responses are required, but greater objectivity may be achieved if subjects indicated their order of preference in choice of peers. Admittedly, these patterns of attraction must be accepted as very tentative in brief-exposure groups.

Page ii: Hartshorne and May's (1930) 'Guess who' technique was found to be a little difficult particularly for the younger subjects to understand and therefore they often responded without careful discrimination. In accordance with the requirements of supplying the subject with all the names of the children from whom he might choose, members' initials were prominently displayed at the top of the page. Particularly in considering its contribution to rating 'Interpersonal Sensitivity' (Variable V), this technique has very definite value, but, by limiting the number of responses to each question the child's task would be simplified and more meaningful data might be gained. An important question inadvertently omitted was the group's assessment of leadership ability of peers.

Page iii: Objective data relating to the child's self concept and social insight was gained from questions on the third page. As self concept is a very difficult construct to observe, the additional source increased the reliability of this construct. It still remains, however, an inferential variable and, though contributing considerably to the understanding of the subject's psycho-dynamic functioning, the reliability of this rating must not be overestimated. The subject's self-percept may well be gauged in a

questionnaire but the investigator must be on guard against common sources of error such as subjects presenting socially desirable responses.

Page iv: These questions covered the subject's attitude to the clinic and group activities and defined areas which the subject found stressful or uninteresting. This suggests the possibility of using a questionnaire as a preliminary testing medium for assessing acceptability and interest of various group therapy tasks as the questionnaire offers the clinician the opportunity of ascertaining attitudes of the participants.

Page v: The last question provided data on the subject's insight into his own problems. This rather superficial approach to the very vital aspect of the child's psychological functioning falls far short of Churchill's extensive discussion of personal problems during group meetings and Redl's (1944) interpretative approach. The child's choice of problem revealed his acceptance or lack of insight into his personal problems.

7.1.3. Methodological Problems:

This sub-section deals with problems of standardisation, techniques and procedures of data-gathering and rating, and general methodological problems. This investigation was designed along the lines of a partially controlled experiment which suggests that only certain aspects were subject to experimental control while others were allowed to vary at will. The targets of control were limited to certain mechanical aspects of the study over which the investigator exerted some jurisdiction, namely group tasks, group composition and planning, techniques of data-gathering and quantification in preparation for statistical handling.

(i) Standardisation of Diagnostic Group procedure.

While a clinical observational assessment does not require rigidly defined limits but merely follows a flexible schedule, encouraging or interrupting play as the situation demands, the need for defining standardised boundaries in the present procedure pertains mainly to its subsequent evaluation as a psychological 'instrument' or

test. Standardisation procedures assume importance if intergroup comparisons are to be made or if generalisations are to be drawn from observations, but the study loses power because by standardising activities a wide range of social stimuli are deliberately cut off.

The controllable parameters were carefully and accurately mapped out before embarking on the study so as to secure a certain degree of scientific control. An instruction manual (Appendix I) for conducting group meetings and diagnostic observation charts (Appendix II) were prepared.

In a social setting behaviour of children is determined not only by their own inner needs and strivings, but also by the demands of the situation, the personality attributes of the other members and the person observing the group. Three important potential sources of variation in this research design, over which the Investigator had only limited control, stem from varied personality attributes of members, the role of the observer, and differential experiences of members immediately prior to the meeting. These will be discussed briefly.

(a) Group rotation to minimize differential effects of personality attributes of group members. The first problem is how can the varied effects of different combinations of individual personalities in groups be minimised. The impact of the behaviour of group members on one another may be an important source of variance within each group, for instance the presence of a very aggressive member may evoke anxiety and inhibit the behaviour of a timid member; thus, even by using the most reliable technique of recording, this setting may not be comparable with that of a reticent, withdrawn group. Means to overcome this difficulty must be devised; observing a subject in a minimum of two group compositions may be one solution. The most obvious advantage of this rotating design is that it provides opportunity

for observing a child's reactions to varying combinations of group members' personalities. The interesting aspects here are whether different coping mechanisms would emerge in response to different group compositions and noting consistencies in behaviour despite changing group composition. Further arguments in favour of group rotation may be the possibility of creating a situation which will evoke problem behaviour which is usually covert and may not manifest itself by increasing the number of same-group sessions. Though these may be valid suggestions, it may equally well be argued that the subject's behaviour may be assessed accurately only in a third group composition; the design then becomes burdensome for both the subject and the observer. The task of the observer, in fact, is to note not so much the presence of aggressive behaviour, but how the child copes with his own aggressive drive and aggressive responses from others. Does he possess the necessary control to inhibit his own aggressive impulses ?

What are the disadvantages of rotating group members ? A common coping mechanism, when a subject is placed in a strange group, is for him to withdraw while surveying the scene. Gradually, as he feels more relaxed and comfortable, he will become more spontaneous and join in the activities. Now imagine him being placed within a new group on every occasion; he will hardly proceed beyond the initial withdrawal stage at each meeting so that a much more limited array of behaviour phenomena may be observed. The problem then becomes one of how to attain the positive aspect of greater comprehensiveness inherent in rotating groups and yet keep the group constant. This ideal design was attempted by arranging groups with subjects exhibiting a wide range of social behaviour patterns and varying the 'social climates' and tasks in which members engaged so that richer opportunities for divergence of social responses were afforded.

(b) Role of Observer. The role adopted by the observer in an observational study is one of the methodological factors which the investigator must clearly delimit. Jersild and Meigs (1939) suggested that, on the whole, subjects become habituated to the presence of the observer with the 'tranquilising' effect of time, 'and even the first of a series of records may reveal large individual differences in types of behaviour that the observed individual might especially desire to display or conceal, which prove in later observations to be characteristic' (p.480). Thompson (1960) found that passive unresponsiveness was probably the best role to adopt. Wright (1960), surveying this problem, suggested that acquisition of the 'set of a neutral bystander' fading into the scenery but yet not one of unresponsiveness may be most advantageous. Polansky, Freeman, Horowitz et al (1949) discussed various problems arising between the observer and disturbed children in a group research project. The observers initially assumed a neutral role to which the children responded by being anxious; a response which gradually diminished as they accepted the observers who made themselves an integral part of the camp life. Later, the observers were perceived as hostile, particularly as they did not censor infraction of rules: This non-interference evoked aggressive responses from the guilty child and open resistance blew up in these adult-hostile children who began to see the observers as psychological threats. The observers revised their unstructured, ambiguous role and assumed a positive, warm and friendly interest with some participation, a role in which they were no longer rejected by the disturbed subjects.

These methodological difficulties clearly illustrate that the role the observer elects to play is closely linked with the research demands of the study. In the present study the observer tried to be unobtrusive while seeking to maintain an equitable relationship with all the members. A delicate balance of relationships within the group structure was maintained

while attention meted out to the child with greater needs in this sphere had to be limited and counter-aggression, where the child sought to elicit this, had to be curbed.

In the present study the investigator played at the same time the roles of both conductor and observer. Though the observer's role was clearly that of a neutral bystander, the role of the conductor was that of a more responsive, friendly, non-evaluating and encouraging adult. The conductor did participate minimally, but her actions were not as integrated as those of a 'participant-observer'. This double role often allowed the evaluation of group members' responses more receptively since anxiety and insecurity may be aroused by the presence of a neutral inactive adult whereas friendly responsiveness readily elicited greater relaxation and shedding of inhibitory controls by the subjects, but this studied permissiveness often aroused contagious, impulse-ridden, disinhibited behaviour in susceptible groups.

Exact definition of the observer's role was readily arrived at, but defining and acting the role of conductor in so many varied activities must allow for a certain degree of flexibility subject to the overall policy of non-evaluation and friendliness. The achievement of a balance between permissiveness and authority was, in fact, the objective. The biggest drawback in limiting the observer's role in an observational study centres on the fact that one-sided response patterns may emerge, as the subjects' reactions to permissiveness or discipline may vary greatly. This difficulty was partly overcome in the present investigation by the conductor following the demands of the situation flexibly, though at no stage did she assume the role of a strict disciplinarian.

Remaining behind a one-way screen during the box and puzzle activities might yield interesting data for comparison with later observer-present behaviour. However, many

situational variables would confound the results, such as different activities, loss of initial shyness, and greater acquaintanceship. This modification in design was patently impossible as the presence of an additional person to conduct the group meetings could not be obtained. The effects of the observer on the subjects cannot be gauged, but by standardisation these effects might be equated. The precaution for the children to be unacquainted with the observer prior to the diagnostic group meetings, and the strict role prescription of the investigator were two of the controls imposed.

(c) The third problem which reduced the predictability of a subject's responses and interfered with uniformity of social stimuli experienced at group meetings pertains to his psychologically significant experiences immediately prior to the meeting. This is a very definite source of variance, not only between group members but also for the same person on various occasions. Emotional experiences while in conflict with a teacher or parent may be transferred from the classroom or home to the group. Observing the subject three times minimised the chances of his being seen after being extremely frustrated just prior to the meeting and, if he were frequently exposed to a frustrating environment, this feature becomes part of his social milieu and a legitimate target for observation.

(ii) Method of data collection:

The second set of methodological problems to be discussed revolves around recording and quantifying techniques. The main aim in data-gathering is to be sure no significant aspects of behaviour are omitted. This may be achieved by conducting an exploratory study where the selected observational technique may be tested. The numerous methodological advantages attached to this preliminary procedure instigated the observation of three pilot groups before extending this observational technique to a larger group of children.

(a) Technique of recording and coding: Many methodological questions arise in the technique of recording. Is it better to follow only the categorising schedule, or only the 'total recording' method, or both? What method of quantification should be adopted? What are the advantages or limitations of one observer versus a team?

The numerous techniques reviewed in Chapter III suggest that considerable difficulty would be experienced in selecting an appropriate technique in this study. Bales' categories of interaction could not be used as a model as many additional categories were observed while complex actions often predominated over verbal communications and group problem-solving formed only a very limited aspect of the study. The major content of his categories was however incorporated in the observation sheets but leadership in terms of task and social leader could not usually be discerned in a four-person, brief-exposure design. His concept of identifying the social-emotional leader as the person who was best liked was followed by asking relevant questions in the Children's Questionnaire.

The psycho-analytic concepts of group cohesiveness engendered by common identification of members with one another, described by Redl and Bion (Thelen, 1959), did not really arise as the groups were disbanded too soon. However, role differentiation does proceed, even in these short-term groups, in accordance with the capacities of the individuals for interaction in the group. This allowed for certain group-linked role observations, particularly leadership behaviour, to become manifest.

In searching for a method of coding, the time sampling technique, though considered, was not accepted as suitable for the following reasons:

- (a) In order to test the suggested hypothesis it was imperative to observe as wide a range of social behaviour as possible.
- (b) As only a limited number of subjects was seen for a limited period the necessity for time sampling did not arise.

- (c) The idiographic aspect of the study demanded the observation of stimulus-response follow-through nature of action sequences.

Event sampling, too, did not seem a feasible technique in a group observational study of this nature where so many events take place. To isolate certain events may detract from the comprehensive array of peer interactions. However, certain pre-arranged behavioural sequences were selected as in event sampling, but responses to these situations were not recorded to the exclusion of other behavioural occurrences. In some ways, the method adopted corresponds to event sampling in global terms, the 'event' being defined as all behavioural sequences under selected group conditions.

As a diagnostic technique, the main target of observation immediately became confined to data which would yield diagnostically valuable material. Social peer relationships formed the core of the observed phenomena with particular emphasis on stimulus-response sequences which resulted in maladaptive social reactions. Direct observations and the partially structured nature of the situations also permitted observations of responses to situational stimuli which might be particularly stressful to disturbed children. These included the social participation in group tasks, reaction to novelty, aggressive attacks, frustrating situations, authority situations and behaviour on the sports field with its co-operative and frustrating implications. Additional data on peer relationships, self concept and social perception was also obtained, in an indirect manner, by the use of sociometry and the Children's Questionnaire.

CATEGORY SYSTEM OF CODING OBSERVATIONS.

The method of coding adopted in this study was a category system, that is one of total observation of all ongoing activities, using pre-set categories with on-the-spot coding supplemented

by verbatim protocols in the form of narrative recordings describing communication, expressive acts and interpersonal interaction. The recording and coding of the data aimed at comprehensiveness, in other words diagnostic relevance and reliability. Heyns and Zander (1953) suggest two alternate techniques of recording observed behaviour; a category system and rating scales. In the present study both these techniques were used in an effort to arrive at significant data within a single-observer experimental design. Careful observations of phenomena and accurate on-the-spot recording ensured elimination of errors of bias or 'retrospective falsification' and formed the source-data for subsequent rating and analysis. Coding proved to be the most demanding aspect of the diagnostic procedure as it was difficult to secure detailed and accurate data covering ongoing behaviour of four subjects within the complex social setting. It has not only proved to be a demanding aspect of the study but the success of this diagnostic technique for future use in a clinic setting may be said to stand or fall on the efficiency of the data-gathering process. Great skill, judgement and sensitivity are required of the observer. These qualities are really only acquired after many years of clinical practice, therefore the Investigator is fully aware of shortcomings in overlooking many subtleties and often more obvious aspects of group behaviour.

The set of eleven categories (Appendix II) selected for classifying interpersonal behaviour included overt expression of motives, overt fearful and anxious behaviour, operation of defense mechanisms, social behaviour in relation to peers and Conductor, task orientation, language and communication, motor activities, general affective tone, responses to selected situations, self concept and level of maturity. The choice of these parameters was determined by accessibility to observation, diagnostic and theoretical relevance, possibility of quantification

and their presence in related studies. The rationale for the selection of these categories has been discussed in Chapter IV; they were theoretically linked (Erikson, Sears and Roger) and modelled on the work of others in this field - Cattell and colleagues, Gellert (1955), Vinter et al (1967), Kagan and Moss (1962) and Lambert (1960). Although, of course, these categories were not exhaustive, a fairly large number were used as is evident by the rich protocols which later became invaluable in rating the data on a quantitative scale.

The inadequacy of the human observer as a psychological instrument becomes an important issue in observational studies. Inadequacies become more marked the greater the inferential component of the phenomena under observation. The frailty of man's capacities sets definite limits on his abilities to function as a scientific measuring device and though training may enhance performance, the natural threshold of sensory input always restricts the amount he can observe. Not only is he hampered by his sensory threshold and perceptual limitations, but his own characteristic traits strongly influence his judgements. Gage and Cronbach (1965), who were particularly interested in the study of man as a judge of his fellowmen, summed up the position: "Hence, in the bulk of research to date, social perception as measured is a process far more dominated by what the judge brings to it than by what he takes in during it" (p.248).

In accordance with the concept that play observation has greater scientific value with more accurately recorded data, electrical recordings were used to supplement observations. At first the recordings proved of limited value because of the low intensity of the children's voices, non-recording of gestures and facial expressions, marked mumblings, vocal resemblances and technical difficulties of acoustic conduction. The Conductor, aware of vocal resemblances, deliberately named the speaker in conversing with the group. Later, the recorder was transferred

from the Observation room to a cupboard in the demonstration room where, possibly, better results could be obtained if the microphone were placed in a carved niche in the door so that it would become unnecessary to leave the cupboard door ajar. As soon after the meeting as possible, the electrical recording was replayed and information gathered from this was synthesised with other data into creating a richer, more accurate record. The recording played for the same length of time as the meeting and thus the transcribing took as long as the meeting. Is the time expenditure worth the additional information gained ? This is a difficult question to answer.

There are other ways of minimising the errors and omissions pertaining to group observation; introducing an additional observer behind a one-way screen is one practical suggestion. Empirically, this study would have been considerably enhanced by the service of an unseen observer. This was further realised when, on occasions, groups of students and colleagues viewed the ongoing activity of the group from an observation room and their observations were subsequently discussed.

(b) Technique of rating: A trait rating method was employed for rating activities of group members on selected variables of behaviour. Ratings were based on cumulative data synthesised from coded observational data, narrative descriptions and the Children's and Parental Questionnaires. This technique allowed quantification of a vast amount of recorded material but due care had to be taken to increase the accuracy of the ratings which were organised later at a convenient time. The exact procedure followed has been fully described in Chapter IV. At this stage it is merely relevant to discuss certain precautions which were taken to minimise known sources of error and thus achieve increased reliability in the final scores.

Loevinger (1965) cautioned experimenters that: "Rating is a notoriously fallible approach to quantification.... and yet it remains an indispensable tool for the clinical experiment" (p.53). The first error to be guarded against arises from the effects of contamination by additional knowledge. Though the observer had prior access to case histories in only part of the sample, all the ratings were undertaken some time after observation without referral to the case histories or relevant clinic data. 'Halo' bias was controlled by the usual means, namely delimiting judgements based on the same data, defining all variables concretely, minimising inferences, using only a reasonable amount of information in the rating of variables and, finally, restricting the number of scale points to five so that excessively fine discriminations did not have to be made. It is encouraging to know that with adherence to these precautions greater reliability may be expected. Loevinger stated that "...when the techniques outlined above are followed with care and understanding, rating makes possible the quantitative treatment of data thus far intractable to any other kind of measurement" (p.60).

Using rating scales assumes that the observer is capable of discriminating objectively and accurately a range of behaviour along one dimension. The following practical suggestions (Guilford, 1954; Holt, 1965) were followed: the rater guarded against erring on the side of leniency or over-rating; traits were based on a wide range of observed behaviours but an error of proximity in which traits that appear similar should be placed further apart was unfortunately not followed in this study. Terminal categories of the bipolar traits were not so extreme that no subjects could be classified into them. Descriptive phrases on either side of neutral central cues were worded to discourage central grouping, while the 'halo' effect was counteracted by rating each group for one trait at a time, but all subjects could not be rated for one trait before going on the next trait as

recommended by Guilford. Trait-names were used primarily as labels and definitions were worded, where possible, in operational terms. The suggested criteria of clarity, relevance, precision, variety, objectivity and uniqueness were followed in formulating cues for sub-divisions while the generalities such as 'very', 'average' or 'excellent' were avoided (Champney, 1941). Finally, before attempting the quantification of all data, the rater spent some time in a self-training programme.

It is assumed that the level of measurements of this rating scale approached interval measurements as the Pearson product-moment correlation was applied prior to factor analysis. It is a moot point whether in fact the rating scale here was at the level of an interval or an ordinal scale but the Investigator used an approximation so that the information could be most advantageously extracted from the coded data. This may be justified as the rater attempted to exclude sources of bias and error in rating and variables with skewed distributions were omitted in the correlation matrix. Accepting the measurement at the interval scale was done in the manner of Cattell (1957), who suggested that: "Scaling units in variable and factor scales can only be described safely as ordinal. Since most factors seem to be the result of a large number of (genetic and environmental) contributions, however, the Gaussian distribution of the essential factor is highly probable, and approximately equal units on an interval scale can be inferred from its use" (p.380).

(iii) Role of the Group.

A controversial feature of this study was establishing the relevance the group, with its own dynamic structure, played within the broader framework of the experimental design. In planning various strategies were considered, but economy of time and a desire to decrease the complexity of group processes determined the choice of a brief-exposure technique. This suggested that the full development

of group norms did not come to fruition while development of group processes and changes in group structure, concomitant with interaction among members, could only proceed to a limited extent. This did not preclude significant behaviours from becoming manifest; empirical evidence by Borgatta and Cottrell (1955) may be cited as supporting this view. They observed sixty-six three-man groups, each participating for a single session of forty-eight minutes, and were able to extract seven factors related to group behaviour.

The present investigation, though modelled on Churchill's (1965) paradigm with the main focus on individual behaviour, did not negate the influence of the group to the same extent. However, too few groups were observed and the personality attributes of subjects within each group were too heterogeneous to attempt a study of group behaviour or group syntality. Though this study has fallen short in not considering group dimensions, the behaviour of the group was observed and the change in group behaviour over three sessions noted with implicit focus on the reasons for this change. A confounding factor was, however, the very marked difference in activities during the three meetings. The change in group behaviour was not recorded in a categorised form, nor was it submitted to statistical analysis.

The present technique of group observation and the results may be compared with Cattell's (1965a) first and second sets of analyses of observational behaviour while rejecting his third set which covers the major dimensions of groups. At the first level, the behavioural phenomena observed are analogous to L.-data while, beyond this, there has been observation of positional interrelationships within the group structure yielding such dimensions as leadership, popularity and interpersonal sensitivity, labelled structural variables by Cattell, and status variables by Mann (1959). The third set, which comprises true 'syntality' variables describing the performance of the group acting as a whole in relation to external tasks or other groups was not assessed.

(iv) General Methodological Problems in Peer Relationship and Observational Studies.

Methodological problems inherent in peer relationship research generally apply equally well to the present observational study. These limitations pertaining to the subjects, the specific observational situations, limitations of measurement and technique (Campbell, 1964) have all been discussed in the foregoing section. A few further problems will be briefly mentioned.

The results of a study are always captive to the research techniques, therefore the results of the present study cannot be applied to any clinic child let alone any child in an 'ad hoc' manner. Repeating this study, even in a similar group, may be of considerable value in permitting a closer scrutiny of limitations inherent in the measurements and techniques, but for greater generality, particularly in extending the application of the findings, this study must be repeated with a completely different sample.

The dilemma of relying on verbal reports versus direct observation in examining peer behaviour may, to a certain extent, be weighted in favour of observation, as the results of the present study show a close congruence with adult group studies.

A further methodological issue in peer relationship studies revolves around the barrenness and 'depersonalisation' of statistical results. In the present study this was circumvented by presenting both the rich variation in peer relationships in a descriptive form, as well as the statistical findings.

The problem of the lone investigator versus interdisciplinary team research received considerable attention from Holt (1965). Despite the definite advantages attached to co-operative group research, this study had to remain confined to the boundaries of individual investigation. The loss of reliability in observations is one of the obvious handicaps, but more subtle ones such as stimulation and criticism from colleagues also fell by the board though Clinic staff-members were at all times very helpful.

responses, constituted the major questionnaire features for assessing parental attitudes (Variable AA to EE).

The rating scheme adopted in the Parental Questionnaire (Appendix V.3.) proved to have virtually a one-hundred per cent inter-rater reliability, the other rater being a senior psychology student who did not know any of the subjects in this study.

A criticism of the rating technique is the arbitrariness of allocating weight to a specific parent's attitudes where the parents differed. The ideal position would have been to evaluate each parent's attitude in its own rights, possibly by using standardised parental behavioural scales (Burchinal, 1958; Schaefer and Bell, 1958) and arrive at separate sets of scores representing the mother's and the father's attitudinal ratings.

The parent's perception of the child very often changes during clinic attendances, therefore it was important to ascertain the parent's initial attitudes to the child. Parents were requested to complete the Questionnaire after the first meeting; this was made obligatory in order to standardise the research procedure.

7.2.2. Methodological Problems.

Certain methodological features relate to ascertaining parental attitudes in all studies; as these also arose in the present study, they will be discussed briefly.

(a) The selection of suitable families is a very real problem.

The sample in the present study set definite limits to the generalisations which may be made. Considerable research linking social class and child-rearing practices has convincingly demonstrated that heterogeneity in the socio-economic backgrounds of subjects may be vital in confounding the conclusions which may be drawn about child behaviour and parental attitudes. Unfortunately, these important variables were uncontrolled in the present study.

- (b) The most satisfactory method of exploring parental attitudes, namely going into the 'field' and studying the family as a small group, was not possible due to the sheer volume of work this would have entailed. Also, the fringe nature of this aspect of the work did not warrant such intensive investigation. This technique, too, has its methodological shortcomings, for instance observer influence, costliness, and the necessity for the observer to present introspective reports.
- (c) In the present study considerable weight was attached to parents' verbal responses. This is a notoriously tricky source of data, though Hoffman and Lippitt (1960) suggest various ways of minimising the distortion in studies where parental attitudes form the focus of study. In the present study, questions of marital relationships were not probed as parents may have their private reasons for withholding relevant information but distortions may very well be non-deliberate. One possible solution to this problem may be that of artificially structuring situations for observing parent/child interaction. One such study by Bishop (1965), reviewed earlier, has shown very convincingly that this is a fruitful medium.
- (d) Psychologists have been active in their efforts to devise scales of child-oriented parental attitudes and examine the relationship between these and child personality features. One such study (Burchinal, 1958) found virtually no significant relationships between parental attitudes and child personality attributes. It is important to distinguish between parents' attitudes as reported and practised and the way the child perceives the parents' behaviour. Hoffman and Lippitt also found that, in this context, self-report instruments may not be 'tapping the genotypic dimensions that are most related to parental behaviours' (p.974). Schaefer and Bell (1958) found existing parent attitude scales riddled with methodological defects and set out to devise a new Parental Attitude Research Instrument (PARI). A factor

analysis of this scale showed definite overlap with the Fels Parent Behavior Scale.

The overall subjectivity and paucity of source data in estimating parental attitudes in this study must function as a definite drawback in the generalizations and interpretations which may be drawn from the factorial results.

7.2.3. Evaluation.

In the foregoing discussion emphasis has been on not considering the content of the questionnaire but merely the mode of response, for example favourably or unfavourably biased. When considering the content, the clinician stands to gain valuable data, particularly in the peer relationship area as is well illustrated in the quoted case extracts (Chap. V., 5.1.1. - 5.1.5.). Also, the scores on the various parental attitudes may support and guide the clinician's recommendations. As an idiographic descriptive instrument, it is suggested that this technique may profitably be introduced as a selective procedure in the clinic.

The stage at which the parents are presented with the Questionnaire may be of considerable importance. It should certainly not be sent to the parent prior to the initial interview as was first thought. The idea of having the completed Questionnaire at the initial interview was to channel specific areas for further enquiry; but the Questionnaire contains many questions which may arouse anxiety or resistances, and it is not considered feasible to subject the parent to these additional stressful experiences. Where children have peer relationship problems, the Questionnaire may be given to the parents after the initial interview and, from experience gained in this study, meaningful data may confidently be anticipated.

CHAPTER VIII

CONCLUSION

The final chapter will be concerned with presenting an evaluatory overview of the Diagnostic Group method as a psychological instrument with particular emphasis on the part it plays in a clinical as well as a research setting.

8.1. DOES THE TECHNIQUE MEET THE REQUIREMENTS OF A PSYCHOLOGICAL INSTRUMENT ?

As this study set out to provide a new diagnostic technique for assessing peer interaction, a critical survey of this systematic procedure, particularly its adequacy in meeting the stringent requirements of a psychological test, becomes appropriate. In this context, the procedure will first be examined in the light of various practical issues before it is appraised in terms of the following two complementary approaches to the requirements of a psychological test. Cattell (1950) suggested the following criteria: "A test may be defined as an artificial (specially created) brief situation, easily set up anywhere, susceptible to ready reproduction and standardisation and yielding constant results with different competent administrators. If it is a valid test, it will further partially predict response in different, more numerous, greater in situ performance of everyday life" (p.56).

Kleinmuntz (1967) offered a more concise definition stressing four specific aspects: "A psychological test is a standardized instrument or a systematic procedure designed to obtain an objective measure of a sample of behavior" (p.27).

During this discussion there will, of necessity, be a certain amount of overlap but this will be minimised as far as possible.

8.1.1. Practical evaluation of the Diagnostic Group procedure.

Four practical features must be reviewed in relation to everyday aspects of this procedure in a clinic setting:

(i) Can this technique readily be learnt by a clinician ?

With training this may definitely be very efficiently accomplished. In all observational studies great emphasis is laid on adequate training of observers. The ease with which a group of post-graduate students in psychology, but without previous clinical training, mastered aspects of the coding and quantifying technique bears out the statement that the training procedure offers no particular difficulties. Proficiency in observational methods constitutes an integral aspect of the clinical psychologist's training, therefore this technique may be used, purely at the training level, with considerable advantage.

(ii) Does this instrument yield valuable information in a clinic setting ?

This focused procedure offers definite increased opportunities, as contrasted with dyadic interviews, for observing areas of problem behaviour and also for defining the situational determinants instrumental in arousing or aggravating maladaptive social behaviour patterns. The diagnostic data which emerged was not limited to problem behaviour as postulated but proved particularly useful in children with minimal cerebral dysfunction. Their inability to disregard incidental stimuli lowered their level of functioning in the rich stimulus-laden group situations.

If the technique is to achieve its aim of revealing diverse, diagnostically-significant data, it is important to encourage the expression of problem behaviour and unsocialized drives during group meetings. Awareness of sanctions against free expression of unsocial impulses initiated the following devices to elicit these behaviours: the establishment of immediate rapport, providing a wide range of activities in a permissive atmosphere and constituting groups with children possessing diverse personality attributes.

(iii) Does this technique yield information not readily supplied by existing techniques ?

It is possibly here that the claims of this procedure are strongest. The case records serve to illustrate the rich reservoir of diagnostic material, inherent in group interaction, that this technique brings to light. Its greatest value may well be in its potential to supplement existing techniques but not to supplant them.

(iv) Is this technique practical ?

In terms of time expenditure, both by the clinician and the subject, the procedure proved very rewarding as judged by the extent and nature of diagnostic yield. However, this procedure does carry definite limitations and restrictions. Though the selected situations in the present study may readily be reproduced or new situations devised, certain restrictions are imposed by the range of subjects suitable for diagnostic group observation. Also, the flexibility and fairly elaborate procedure preclude this from becoming a general test to be applied to large numbers of subjects outside the clinic setting and the relatively cumbersome, intricate method restricts its use as a general personality assessment technique. Its limitations in revealing relevant data in unselected cases too define the limits in which this technique may profitably be applied and its use appears basically limited to a clinical setting.

8.1.2. Reliability.

Reliability refers to the stability of results; the greater the reliability of a test, the more general the results. Certain methodological features may advantageously be manipulated to enhance the reliability of a psychological procedure. Standardisation of design, test material, instructions and time limits reduce error variance while accuracy of recording and systematic coding

and rating are essential if any degree of reliability is to be expected from observational data. But despite these efforts to increase reliability, instability may arise from fatigue, boredom, motivational needs and such sets as 'test-taking' attitudes, various response sets and the subject's experiences immediately prior to the test. A further source of error stems from the effect of the observer on the group, an effect which varies from member to member.

In considering the level of reliability of a procedure, four questions which must be answered will be considered in turn:

(i) Inter-rater reliability or scorer reliability, that is will two independent observers be able to arrive at an identical or close set of scores ? When considering the reliability of an observational instrument, Heyns and Zander (1953) suggested distinguishing between the reliability of the observed behaviour and the reliability of the method of observation. Therefore it is fitting to discuss the problem of consistency in observations before considering consistency in behaviour.

As an observational study, the absence of additional observers represents a definite handicap. However, the value of the study does not fall on this methodological shortcoming as Bott stressed 'that attention should be focused on discovering what units of behavior have representative and predictive significance in relation to the whole of the child's behavior' (Gellert, 1955, p.192) before embarking on the training of observers. It is also suggested that validity of findings take precedence over reliability of observers as the elements of observation may be so reduced in the interest of reliability that they really have little significance.

Inter-rater reliability could not be obtained but other precautions were taken to increase the reliability of observations. Inter-rater reliability varies with complexity of data, clarity of specified criteria and extent of communication between raters. As the third determinant could not be controlled, the other two were given particularly careful attention. Behaviour to be

observed was precisely defined and limited to specific aspects. A clear, well-defined method of recording was adopted; the confined observational setting, small number of group members and limited social interaction allowed the observer to keep inference about behaviour at a minimum while relatively brief group observations did not tax the observer's powers unduly. Intimate knowledge of the strictly defined coding system, a standardised role, and the fact that the observer was personally unacquainted with the subjects prior to observation helped further to improve the reliability of the data. In a Diagnostic Group observed subsequent to the present study, a comparison of the investigator's ratings with the pooled ratings of six graduate students, using the same coding and rating method, revealed excellent agreement in the Social behaviour variables and good agreement in all other variables indicating that high inter-rater reliability can be achieved.

(ii) Test consistency refers to whether the test or procedure measures what it proposes to in a consistent fashion throughout a series of measurements. In other words, will a second administration of this test yield the same results? The question of retest reliability in a situational test becomes fraught with many uncontrollable, confounding influences. Situationally-linked test procedures can never be controlled fully, therefore the concept of retest reliability does not strictly apply. Results on a second occasion may differ from the first but this does not negate their accuracy or even their stability. However, certain features do favour the retest reliability in this procedure. In the first instance, subjects were observed on three occasions and not once as in the usual personality test. The second source of confidence that test consistency holds is revealed in Campbell's (1964) review of empirical studies in which he concluded that children do show relative stability in behaviour displayed in group situations though greater stability may be attached to their sociometric status.

This is a flexible, miniature situation test and no second administration can ever be compared with a previous one, as so many additional situational factors operate, but this may be a source of heterogeneity rather than unreliability. It must therefore be concluded that the consistency of the test could not be assessed as the repeat situation can never reproduce the same set of circumstances as the original test situation.

A further important consistency feature to consider is the long-term stability of a test, that is will different results emerge over a period of time? This raises the knotty problem of whether the observed traits are in fact stable, another field of research.

(iii) Homogeneity.

Cattell (1965) suggested that stability of findings is closely related to the homogeneity of a test, in other words, do the different parts of the test measure the same thing? High homogeneity may be a drawback in personality tests as it is important to sample behaviour within a wide range of role situations. The present technique does, in fact, aim at comprehensiveness as it covers related aspects in the middle school child's peer interactions.

(iv) Transferability, that is will this technique measure the same thing when applied to different samples, say a different age group? In this sense the answer must be 'no' as the theoretical basis suggested here confines the structured situations strictly to one particular age group. In another population this technique may be used to measure different dimensions pertaining to the new sample. The situations outlined here may readily be transposed from one clinic to another, but the same set of judges cannot, thus new subjective elements enter each test situation. The approach adopted here concurs with Wright's (1960) contention that in a clinic situation it is

probably more relevant to weigh significance of observations rather than reliability. A very important point made by Bott (1933) is that if observations, made with a modicum of reliability can be shown to be significant, rigorous control will only increase their significance in relation to the child's behaviour.

8.1.3. Validity.

By the validity of a test is usually implied the notion whether a test measures what it sets out to measure. However, it may equally well answer questions about how well it predicts certain traits or what inference may be made from the test result. In general, validity of observational studies in a social setting has been rather neglected because of lack of suitable external criteria for predictive purposes (Heyns and Zander, 1953). But validity is in fact the most essential characteristic of a good psychological measuring instrument.

In considering validity of social observational studies, certain extenuating factors must be borne in mind. Vernon (1964) suggested that when examining the concept of 'adaptability' in personality assessment, the ordinary validity standards cannot be applied. In this category of tests, to which the present study belongs, one may fall back on the wisdom of more experienced psychologists and accept that '... the counsellor is entitled to interpret other observational and interview material we do not yet know how to validate but which may well prove superior to more objective data in exploratory, adaptive and non-actuarial types of diagnoses' (p.235). Campbell (1957) described numerous confounding factors which pertain to the validity of experiments in social settings. These variables, such as environmental experiences prior to test, increased awareness on part of subject, 'instrument decay', that is a change in the observer's ability, and biased selection are all relevant in the present study and interfere with the Internal validity of the findings.

Various criticisms have been levelled at the validity of situational tests. These include such features as poor control, the fact that observable behaviour does not readily lend itself to reliable judgements, and lack of congruence between test situations and tasks for which candidates are being assessed. In the construction of the Diagnostic Group procedure these criticisms were borne in mind. Test situations were controlled to a considerable degree; the groups met on three separate occasions so that a greater variety of behaviour could be observed and reassessed in related situations; the test situations bore strong resemblance to developmental tasks and subjects were unaware which aspects of their behaviour were particularly observed.

In an evaluation of the validity of this method, it is suggested that it be viewed on two levels:

- (i) As a clinical instrument yielding idiographic data, and
 - (ii) As a research instrument yielding nomothetic data.
- (i) In the light of the first level, validity may be considered in terms of the inferences we are entitled to make from the test.

(a) Predictive Validity.

As a clinical instrument the technique allows for certain clinical predictions, such as the most desirable form therapy should take. The study was designed so that twenty subjects were observed without any pre-knowledge while for the other forty-four subjects case histories were available and the Investigator was able to formulate recommendations. But to attach importance to a predictive validity coefficient derived from the correlation between the predictions and subsequent performance in therapy cannot be justified in this study. In the first instance, subjects were not selected strictly in accordance with the stated hypothesis and, secondly, recommendations could not always be optimally implemented because of staff shortages. Therefore the criterion in terms of a record of the

outcome was not always available. Only impressions by clinic staff members can be quoted and here the general consensus of opinion is highly in favour of the usefulness of the diagnostic cues yielded by this method.

(b) Concurrent validity.

A rough indication of concurrent validity may be offered by considering the validity coefficients between the observational ratings of Performance and Verbal Ability and the Intelligence test level. r was .75 for the forty-four subjects about whom the observer had some pre-knowledge and .65 for the remaining twenty subjects.

(c) Face validity.

The obvious face validity of this technique may in fact not be as advantageous as first promised. The problem is that each particular group constitutes a unique constellation of personality attributes. Behaviour displayed in one group may differ markedly from that exhibited in a different group. This problem has been discussed earlier and may be considered an adverse element in gaining true statistical validity.

(ii) Validity of this technique in terms of a research instrument.

(a) Cross validity.

When considering the validity of the empirical data, the situation appears more clearly defined. The factor constellations strongly resemble other research studies of behaviour of individuals in groups (Carter, 1965). As Carter's data stem from studies which were conducted in markedly divergent groups from the present, and though the techniques of scoring differed in detail, this consistency in results may be accepted as positive cross-validation of this research method.

(b) Construct validity.

The methodological problems involved in obtaining a suitable external validating criterion in a social observational study may be overcome by substituting an alternative form of

validity, that of construct or concept validity. This does not involve a correlation with a criterion but arises when the psychological meaning of a test is systematically investigated. In other words, an analysis of the meaning of test findings in terms of psychological concepts is called for. Though this technique is not beyond criticism, it has proved to be of value in the present study and bears out Kleinmuntz's (1967) contention that 'construct validity is a procedure especially relevant in the clinical field, since there are no identifiable performance criteria for many of the personality constructs measured' (p.49). The congruence of the results in relation to reviewed studies of child personality structure and parent/child relationships, and the consistency of the findings in terms of psychological theory add weight to the method and reflect a definite measure of concept validity. The fact that the nomothetic findings show agreement with concepts of current theories of child behaviour and development supports the Investigator's decision to include non-observable variables in the factor analysis of this study. This addition did not confound the very definite group behaviour patterns which very clearly appeared in the first three factors.

(c) Incremental validity.

Insofar as this instrument functions as a specifically focused test concentrating as it does on interpeer relationships, the incremental validity, as gauged by the information which it adds to other diagnostic procedures, may become its strongest recommendation.

8.1.4. Standardisation.

Standardisation of the procedure was attempted so that the study might enter the realm of scientific exactitude. In accordance with the following definition of a standardised test, this technique makes justifiable claims to falling within this field: "A standardized test is one in which test administration procedure, test apparatus or

materials, instructions to subjects, and the recording operations have been precisely specified so that the test situation, in so far as feasible, is identical for all persons at all times" (Kleinmuntz, 1967, p.28). However, numerous sources of error, discussed previously, dog the reliability or stability of observations and constantly function to reduce the chances of a situational test being the same for all persons at all times.

8.1.5. Objectivity.

Objectivity, the second attribute of a psychological test mentioned by Kleinmuntz, has not been so readily attained in this study as standardisation. In this context, Cattell suggested that a test should be resistant to motivated distortion, faking and situation sensitivity, all very fluid concepts in a situational test. He grouped these three features into the criterion that the subject should be unaware of the purpose of the test and the meaning of his responses. The diagnostic procedure may well not have permitted the subjects to have full insight into the meaning of their responses, but a certain amount of self-censoring and socially desirable behaviour must be expected, particularly from the older children.

A further factor which reduced objectivity was the fact that the observer was acquainted with previous history and problem areas of part of the sample. This feature is further discussed in assessment of research design; here it may be relevant to mention that subjectivity was, where possible, reduced by clearly defined scoring and quantification procedures.

8.1.6. Behaviour Sample.

The final attribute of a test stressed by Kleinmuntz demanded that the observed behaviour be representative of the behaviour which the investigator wished to examine. Possibly this feature of the test procedure tips the balance in its favour. The specific rationales set out in the numerous group tasks show its general comprehensiveness

while the test procedure aimed specifically at eliciting social interpeer behaviours.

8.1.7. Can it be used for Research Purposes ?

This technique offers the research worker a neat, well-organised set of categories for coding and analysing behaviour in relation to such research-rich areas as leadership activity, task attitude and interest, conformity, passivity and responses to varied authority settings. Numerous hypotheses may be advanced and the various response patterns may be analysed to further insight into the problem behaviour of children. The fact that this technique has yielded valid factorial data in this study substantiates the contention that it may confidently be employed in further developmental research studies.

8.2. CRITICAL EVALUATION OF DIAGNOSTIC GROUP METHOD IN A CLINICAL SETTING.

This method proposed to add to the clinicians armamentarium a new dimension, that of seeing the socially maladapted subject in situ, under partially controlled group conditions, facing his problems and using his available resources to grapple with the changing social, cognitive and affective demands as they arise.

The rationale for the proposed situational structuring arises from the knowledge that social life for middle-childhood rests on learning to play with peers. This concept has been very aptly described: "Group play provides opportunity for learning to get along with peers, for achieving a balance between a group and an individual identity, for the learning of multiple roles, for mastering problems around issues of competitions and cooperation and around issues of success and failure, and for exploration of skills, physical abilities, and external reality. At the same time, group play tests such control capacities and learnings" (Rausch, Dittman and Taylor, 1959, p.364). With this range of social and developmental tasks inherent in group play firmly in mind, this diagnostic procedure may confidently

be proposed as a comprehensive technique for evaluating the expressive social role of the child.

Systematic observation and on-the-spot recording of children's behaviour for diagnostic purposes eliminate the ambiguities of projectively originated data and the emotional and perceptual bias which the parent brings to the clinical interview. Also, the age group covered in this study, in many instances, lacks the verbal facility and introspective ability to provide the clinician with personality-related data; data which may aid diagnostic insight and clarity in understanding the dynamics of a child's problem.

Basically, the concept of viewing the subject with a behaviour problem in the problem-situation and not in abstract offers the clinician a test-situation with marked face-validity. Of course he has no guarantee that the child will enact his problem behaviour, but even then the observer is not confronted with a 'bland' performance but may assess the contributing causes for this apparent contradiction in behaviour.

The task of the person conducting the group is to enhance the opportunities of group members for revealing their social problems. This was achieved by selecting specific situations for observations while the Conductor assumed a warm, permissive role which was postulated, on empirical and theoretical grounds, to encourage the children to act out their feelings and emotions without undue censoring.

The time factor becomes a very real issue in the daily work routine of a child guidance clinic. In this respect, group observations may well offer a definite step forward. A question which must be answered is: Is this technique economical in terms of time spent by both observer and the subject? Approximately two-and-a-half hours is spent observing four subjects while an additional two-and-a-half hours is spent in transcribing the data. Thus, after approximately seventy-five to ninety minutes, the clinician is ready

to present his report on each subject. From the clinician's point of view, this can be considered very economic in relation to the nature and amount of diagnostic material gained. The subject, who has to attend three rather permissive and undemanding group meetings, can readily undergo some of the routine clinic tests, either before or preferably after the Diagnostic Group meeting. However, other important time aspects also need consideration. The parents have to wait three to four weeks before they are given the first inkling as to their child's behaviour and guidance on handling his problems. A suggestion on how to overcome this rather trying aspect is possibly to see the children in groups not once but twice weekly. This would halve the observation period and would also permit the clinic staff to deal more efficiently with the subjects and the waiting list in general.

The activities selected in this study proved very rewarding on the whole. They were selected on well based rationales and proved their worth in evoking divergent and multiple behavioural phenomena. An important challenge is raised by Cattell (1950) in his definition of an objective test as '... a situation which is used to predict behaviour in something other than the situation it presents'. He found that objective tests had not fared well because '... no one should expect to discover how a person will behave in one situation by watching his behaviour in another one' (p.55). By arranging as much similarity between the two situations as possible some of this criticism may be neutralised.

The problem encountered with 'behavioural contagion' in psychodrama may be countered in three ways. First, the conductor may assume a more authoritarian rôle, second, the most uninhibited subjects may be removed from the activity and, third, a substitute activity may be contrived. The substitute activity should be more structured but yet allow for imaginative rôle playing. Possibly the use of a tape-recorder in a pseudo 'radio play' may inhibit the excessive motor play but encourage greater verbal projection.

The observation chart was invaluable, particularly the first three categories. However, for a more comprehensive approach, the narrative summary at the end of each meeting must receive more attention. The data entered here cover broader aspects of behaviour not accounted for in the observation blank. In a clinical assessment as opposed to a research study, there is no necessity for the observer to adhere strictly to the coding system; he may add or omit any category of behaviour which he considers more or less relevant.

The method of rating adopted in this study made considerable additional demands on the investigator. The rating procedure was completed with great attention to detail and all available evidence was very carefully weighed as the scaled scores were subsequently used in a statistical analysis. This additional quantified data is not required in a clinic case report. The diagnostic profile compiled from the scores, however, does offer the clinician a simple graphic pattern for spotting areas of weakness and strength. It is the clinic staff who must make the decision whether they require the quantified observational material or, if they would accept the data at the descriptive level. In cases where reassessment after therapy will be necessary a stronger case for quantification may be made out, but generally it is suggested that the rating procedure does not justify the additional effort in routine clinical exploration.

Certain facets of the procedure definitely restrict its clinical applicability. These are the limitations imposed by the nature of ideal subjects and the definite skills required by the observer, skills which may be maximized by training in the situation.

8.3. EVALUATION OF DIAGNOSTIC GROUP METHOD AS A RESEARCH INSTRUMENT.

The methodological discussion in evaluation of this technique as a psychological instrument will not be reiterated. However, as an empirical observational study, certain additional features must be considered.

8.3.1. How does this procedure measure up to the standards of an empirical observational study ?

(i) Sampling.

The question whether the sample represents the target population must first be discussed. Though, initially, efforts were directed at gaining a sample with specified peer problems, the final sample represents ordinary clinic subjects both with regard to their problems and sex distribution. The ideal research design could not be fulfilled as the aim here was not that of gaining a random sample but a special sample; therefore, in this respect, the study did not measure up to its initial aims, but the findings too may therefore be extended to this more general sample and need not be confined to the restricted sample described in the guiding hypothesis.

The second question is: was sampling of group activities representative ? This question may readily be answered in the affirmative provided the sample of subjects corresponded to the research specifications. Because the children's problems varied, the activities were not truly representative relative to each subject's individual difficulties but they may be considered representative insofar as covering, in principle, every-day social interactions of the primary school child.

(ii) Recording and Coding Techniques.

One of the most vital requirements necessary for raising observational data to the scientific level is to devise well-focused techniques of recording and coding. In this study this was attempted; 'molar' units of behaviour such as aggression or dependence were the targets of observation as opposed to noting 'molecular' units of behaviour.

Gellert (1955) particularly stressed the importance of outlining the dimensions of behaviour which are to be examined in an observational study. This was followed in the present study; attention was focused on individual overt response patterns as manifestations of

personality attributes in semi-structured observational situations. The selection of observation categories was based on theoretical ties, clinical demands and convenience of observation. A further requirement which Gellert described was that the 'theoretical rationale and the definition of dimensions should be presented clearly and adhered to rigorously' (p.194). Throughout this study this ideal standard has been the aim of the Investigator.

(iii) Rating Scales.

As rating scales contain many pitfalls for gaining scientifically accurate data, certain precautions outlined previously were taken in devising the scales. The observational data was kept free of inference as far as possible. This cannot, strictly speaking, be said to hold for the Parental Attitude scales where minimal data was available and the level of inference increased. By using both a category system and rating scales the reliability of the findings was probably considerably enhanced.

8.3.2. Evaluation of Factorial Results.

Nine factors were isolated when the observational data was combined with Parental attitudes, intelligence test level, age and sex. It is, however, only the first three factors which are large and assume greater significance. Factor 2 correlates significantly with Factor 4 ($r = .76$) and Factor 1 correlates significantly with Factor 7 ($r = .55$). Therefore, in the discussion, five factors are really being evaluated.

It may possibly be considered a shortcoming of the study that the observational data was not factorised by itself. However, the parental attitudes load significantly in the second factor only. If for a moment this may be relegated to the background, the pattern of factors which appears, bears striking resemblance to the three factors which Carter (1965) isolated in an analysis of six group observation studies. In the main, the results obtained here are in keeping with these observational studies of individuals interacting in small groups

and confirm the presence of three important aspects of individual behaviour in groups. These independent dimensions of behaviour which accounted for diverse rating categories were:

- (i) Individual assertiveness versus Passive submission;
- (ii) Group co-operation versus Unsocialized aggression;
- (iii) Group sociability versus Social withdrawal.

The remarkable agreement with other completely divergently constituted groups is extremely encouraging. This cross-study congruence suggests that the findings have definite validity and the present technique of observing, coding and rating has proven fruitful.

The original variables selected were not specifically designed to obtain estimates of individual behaviour in relation to these three group behaviour factors. The major role these three factors play in this study suggests that, when considering a trait such as 'aggressive behaviour' or 'co-operative peer play', the loadings on all three factors must be noted. In this study, for example, it is shown that co-operative play in a group is not a simple basic dimension but a composite of behaviours related to group co-operation and group sociability.

Becker (1962), in a critical review of studies on dimensions of child behaviour, particularly favoured Peterson's (1960) findings of two factors predominating in personality ratings of children as opposed to the numerous factors isolated by Cattell. These two factors are 'General Adjustment' and 'Introversion-Extraversion' with the Adjustment factor resembling Schaefer's (1959) Love-Hostility dimension. The positive pole of Adjustment is described as responsible, stable, well-mannered, not jealous, whereas the negative pole contains aggressive, irritable and non-co-operative features. In a kindergarten study, Becker (1960a) isolated a personality problem factor corresponding to the inverse of Peterson's 'Adjustment' factor. The resemblance between Becker and Peterson's factors and Factors 2 and 3 in the present study is of very definite interest and supports the view that children's social behaviour may be accounted for by very few factors.

Age did not load significantly on any of the main factors. This strongly supports the contention that this age-group is developmentally homogeneous despite the marked age range. Intelligence too did not appear to feature prominently in the social-emotional behaviour of this sample. The restricted range of intelligence scores with marked clustering around the centre may account for this, or in the specific task problems posed and behavioural phenomena observed, intelligence does not play the vital role it does in social functioning at large. The absence of this variable in Carter's study indicates the minimal role assigned to intelligence in group behaviour of persons of average intelligence. 'Nonchalance versus Overanxious awareness of problem' (Variable CC) was the only variable which did not load significantly on any of the factor patterns. This has previously been discussed and may be ascribed to a poor level of reliability because of marked subjectivity and the great deal of inference which went into the rating.

The results of this factorial analysis cannot be generalised to a population at large; at this stage they apply only to similar groups with regard to socio-economic background, sex, age and clinical problems. Before more general statements about children's trait make-up can be made and before this technique is hailed as an invaluable adjunct in the clinical field, it will be strongly advisable to test the whole procedure in a very divergent sample of children. These findings may, however, safely be generalised to similar clinic populations and it is with this type of child that the clinician must deal in his work day.

When weighing the contribution of the Parental Attitude variables, on the other hand, the explication of the factor patterns assumes greater conceptual clarity and agreement with published studies; this adds further support to the contention that this technique has, in fact, yielded data congruent not only with theoretical expectations but also with empirical research findings. Though the attempt to compare Observational ratings and Parental Questionnaire

ratings has been rather sketchy, the findings probably relate more to Cattell's contention that a 'close linkage' exists between ratings in the observational and parental questionnaire media than to Becker's (1960) refutation of this significant relationship.

8.4. EVALUATION OF THE RESEARCH DESIGN.

In considering the design of this study it must be recalled that the procedure was oriented toward establishing its worth for introduction into the test battery at a child guidance clinic. This, in many ways stilted the diagnostic material, as all meetings had to be conducted in a standardised manner, but group observation does not approach the level of 'artificiality' of dyadic interviews. In Churchill's description, the group medium was used as a flexible 'tool' which could be handled in a variety of ways according to the needs and demands of the group. This variability, specifically valuable in gaining a much greater amount of clinical material from group observation, could not be used in the present investigation.

The absence of additional observers has repeatedly been stressed; but the present strategy with a double role for the investigator and a double technique of observational recording possibly compensated for the absence of the additional observer.

The ideal research design proposed in the introduction could not be followed because of limitations in population availability. This defect, however, brought with it certain advantages; the usefulness of this technique in children with minimal cerebral dysfunction was revealed, the importance of careful selection of subjects to gain psychologically-relevant diagnostic material was emphasised and greater general application of the factorial findings resulted.

Generally, limiting the source of knowledge in a research design is sound strategy, but this causes stunting of clinical observations, the other side of the coin in this study. The design of this study allowed for two separate sets of data. For forty-four

subjects the Investigator was familiar with as much preliminary available data as possible while the other twenty subjects were observed 'blind'. This variation taxed the Observer's skill considerably; at this stage it is not possible to say whether this was a worthwhile modification as, in any event, all the ratings were done weeks after the group observation and only the Observer's documented data was used in the rating procedure without recourse to any other clinical material. Though it is difficult to draw the line where perception becomes overwhelmingly influenced by knowledge, no clinician is ever asked to present diagnostic data without some interview material and in projective tests 'blind' analysis is definitely not recommended. In this context, Levine (1966) maintains that: "A blind interpretation, . . . is sometimes a clever and impressive achievement, but at the level of decision and recommendations, clinical psychologists feel more comfortable when test findings can be interpreted in the light of evidence from other sources" (p.268). This statement, too, may be grist for the mill in support of an additional diagnostic technique for use in evaluating children's problem behaviours, as he continues: "A single source may introduce unknown degrees of distortion into the picture".

Apart from computing a correlation coefficient between Intelligence test level and the combined Performance and Verbal abilities, the data from the two groups was not separately analysed. If the data were treated separately, more definite statements might have been made on the merits of splitting the sample under observation.

The other important issue in the design was the advisability of including non-observational data in the factorial analysis. In retrospect, the Parental Attitude data added to the understanding of Factor 2, but apart from this the loadings on the other factors are not really very significant. An alternative might have been to ensure that the Parental Attitudes were rated on a more objective basis to gain more significant and psychologically relevant data.

Anderson (1954) stressed the vital importance in a research study of selecting an important problem. The problem investigated in the present study may unequivocally be accepted as of vital importance not only for its clinical significance but also because of its generality.

The final evaluation centres on the research strategy as a whole; in other words, is an observational study a fruitful medium of research? The idiographic and nomothetic data quoted in this study convincingly underscore the tremendous potential value of this technique in clinical work. Criticisms such as: "The observational methods can provide a richly differentiated picture, but these methods are time-consuming and ill-adapted to the needs of large scale studies" (Levine, 1966, p.299), have been distinctly answered in this study. In the first instance it has been shown to be not as time-consuming as other techniques in clinical exploration, while the question of large-scale studies does not arise in clinical assessment. Levine's contention that a 'richly differentiated picture' appears was repeatedly confirmed and may sway the doubting clinician into experimenting with this new diagnostic medium.

8.5. SUGGESTIONS FOR FURTHER RESEARCH.

Five aspects of further research will be outlined in this sub-section.

8.5.1. Tests and procedures which may be employed to validate the present observational technique.

When validating this procedure as a research instrument, the data must be compared with that obtained in a test with high construct validity, in other words, a test which contains rich, consistent correlates and of which the psychological meaning is known. The final appeal of whether a test measures what it is supposed to is to match it against a criterion measure; the higher the agreement the more valid is the test which is being evaluated.

Comparing the observer's rating with established personality tools such as the Child Personality Questionnaire, the Early School Personality Questionnaire, the Junior Eysenck Personality Inventory (Eysenck, 1965) or the New Junior Maudsley Inventory (Furieux and Gibson, 1966) may be valuable, or the present results may be contrasted with objective tests as applied to children (Cattell and Howarth, 1962). Self concept as measured in the present study may be compared with scores on the Children's Self Concept Scale and anxiety ratings may be contrasted with findings on the Children's Manifest Anxiety Scale (Castaneda, McCandless and Palermo, 1956).

Another approach to validating the Diagnostic Group procedure as a research instrument may be to contrast the findings with reliably reported observations in real-life situations. In the present study, parents' attitudes have been deduced from a parental questionnaire, a source of data that is known to be very subjective, biased and not altogether ideal for use as comparative material. Teachers' ratings may be of more value but they have limitations insofar as teachers have knowledge of behaviour in limited situations only, or their views may be biased by the 'halo' effect of a good or poor school performance.

Finally, cross-validating this technique with a divergent sample, say a group of ordinary school children, may possibly offer very valuable validating material.

8.5.2. Unexplored available data.

The data on the present sample may form a nucleus for further research in examining the relationship between overt behaviour and projective material. Children's Apperceptive Test protocols for each subject, collected within approximately two weeks of group observation under standard administration conditions (Haworth, 1966; Bellak, 1954), are available. In such a study the protocols of subjects falling into specific classes may be of considerable interest and value. Responses of subjects with poor self concepts may be contrasted with those of subjects with good self concepts; or, emotionally expressive subjects may be contrasted with subjects

considered emotionally rigid; highly creative subjects with low creative subjects and socially perceptive subjects with ones showing poor social perception. Also, protocols of enuretics and encopretics and, finally, protocols of children where the parental attitudes were rated at either extreme may be compared.

Further information present in the recorded data which has not been analysed covers variations in behaviour from one meeting to another and the dimensions of the task situation and social 'climates' which were more instrumental in arousing constructive, maladaptive or regressive responses.

8.5.3. Social Research.

Empirical research may be undertaken within the broad observational framework of this method as the research worker is able to manipulate dependent variables and sharply focused research may be undertaken in the field of social interaction. As a group-centred research device, it holds definite use for the experimental psychologist who wishes to confine his setting. This technique offers opportunities for studying relationships and group processes developing in the course of various pre-planned group activities.

Social research which may be of definite value is a study of the dimensions of leadership in children's groups. In this respect, developmental aspects of leadership have been greatly neglected (Thompson, 1960) and the variables relating to different types of leadership may be clarified.

Another interesting research design in which this procedure may profitably be employed is to examine two matched groups of children, one with the father absent and one with the father present, to explore Lynn and Sawrey's (1959) contention that the former will show more overt interpeer aggression.

An important methodological issue which has been raised by Borgatta, Cottrell and Meyer (1965) centres on whether or not

laboratory experimental groups may be considered 'real' groups or not. In this context they advocated that: "... it is necessary to further progress in the scientific study of social groups that we achieve a clear and systematic identification of the essential dimensions in terms of which any social interactional field can be described"(p.537). The present technique may well be used in the clarification of such problems as quoted above.

8.5.4. Clinically-oriented Research.

Once the usefulness of this method has been accepted, and it is not used as a standard research procedure, it may with advantage be modified according to clinical demands and used in a more flexible manner.

Conditions which encourage or inhibit group norm formation and social flexibility may be carefully scrutinised during experimentally manipulated situations and subsequent transference of this knowledge to therapy situations may be of considerable value. Changes in constructs, such as self concept, social and emotional flexibility may be assessed before and after therapy. Significant links between group pressure, personality features and situational conditions which influence social acceptance become very important in dealing with children with peer problems. These concepts may readily be investigated with this technique though the number of group meetings will have to be increased.

In both the fields of ego psychology and social-learning theory this technique may be used in a research setting. Redl (1958) considers it a particularly fruitful medium in research of 'ego disturbances' while the social stimulus patterns may readily be manipulated to reveal a variety of responses.

The technique of using cinematic recording in the observational phase may increase the accuracy of recording and may also be a delightful aid to teaching. In addition, in very selected cases, a

parent may benefit greatly by seeing certain maladaptive or regressive behaviour patterns which they were inadvertently perpetuating. This of necessity involves tremendous, almost prohibitive costs.

8.5.5. Extension of age-period of subjects.

Though the present study was centred on the primary school child, it may feasibly be extended up and down the age scale. With a little modification, these types of activities could very possibly be extended to nursery-school children, either from a normal or clinic population. However, in such a young age group it becomes more important to limit the age range as this is an extremely rapidly developing period. The nursery-school teacher's observational ratings can readily be correlated against the observer's ratings and may serve as a means of validating the observational method. Whereas in the middle-childhood age group this method was used to study social relationships, in the nursery-school period, five to six year olds, it may possibly be used as a medium for assessing 'emotional readiness' for school. A similar procedure to that described by Foulkes and Anthony (1965) may be used, and frustrating situations could be devised as could miniature classroom situations. Predictions based on observations could be tested against the teacher's ratings after one year at school.

Extending this technique to an older age group may not be quite so appropriate. The adolescent's problems differ considerably from the elementary school child's involving, often, problems of identity and hetero-sexual adjustments, areas which this technique does not really survey. The increased, self-imposed censoring by older subjects may further negate the usefulness of this technique, though numerous reviewed studies have used similar procedures in older subjects and even in adults.

8.6. GENERAL CONCLUSIONS.

This study presents a sound reflection of the present Zeitgeist in psychological investigation with its emphasis on a search for reality-based personality data, small group research and understanding

of social interaction.

As a technique for use with children, this method presents several features which distinguish it as a useful adjunct in the clinical setting. The method of observing and recording overt interaction precludes the necessity of falling back on projectively derived data with its ambiguous and multiple explications while it also avoids the perceptual bias present in parental reports. It is in younger subjects with poor verbal facility and limited introspective capacity that this method offers a valuable additional source of diagnostic data.

The category system of recording and coding proved its value in practicability of application. Complementing the category data with descriptive summaries gave the observer the chance to check revealing examples of behaviour, show behaviour in its stimulus-response sequence, formulate reality-based recommendations for therapy and achieve greater comprehensiveness for subsequent rating of all recorded data.

The requirement of the clinic as a training centre for clinical psychologists in the art of observation may well be met by this technique. An experienced person conducting the group may readily compare his findings with the coded observational data of under-graduate and graduate students. The rating technique requires the observer to make value judgements based on observations. By comparing, discrepancies in scores will immediately become obvious, and may be thrashed out till the student and the clinician reach a high level of agreement.

This method does not really measure up to the stringent requirements of a psychological test with its many intricate scientific requirements. It proposes rather to present a semi-structured, partially controlled set of situations in which the clinician has the opportunity of watching the interaction of the subject's drives, anxieties and behaviour patterns in response to varied social stimuli.

In this study, personality attributes in clinical terms, have been accepted as the child's habitual behaviour in various social situations. This approach to psychological diagnosis differs from the classic 'typology' approach in not delineating syndromes or supplying descriptive epithets but actually devising structured, miniature situations in which inappropriate, immature or socially unacceptable behaviour patterns become evident. From these situations, the next logical step is to devise graduated or alternate situations in group therapy which will help the subject learn to act adaptively and gain insight into his anti-social behaviour. At the descriptive level it must be accepted as an impressionistic test but at the research level it borders on a psychometric test situation (Cronbach, 1960) where the aim is to define general laws of behaviour.

The question of the significance of problem investigated has been answered in broad terms as, throughout this study the category and rating systems and findings have constantly aimed at exposing pragmatic, clinical aspects in broadly developmental terms. A clear hypothesis stated in the introduction has been answered and the results have been extensively related to other studies and considered in terms of a framework of scientific understanding.

In the psychological literature three varieties of results appear in studies dealing with factor analysis of personality attributes. The first describes individual source traits whether derived from observational data, questionnaire medium or objective testing. The second set of results concerns dimensions of group functioning (Thompson, 1960; Borgatta, Cottrell and Meyer, 1965), while the third type of factor defines the behaviour of the individual in the group (Carter, 1965). The findings in the present study bear the most marked resemblance to the third category though also exhibiting many features in common with individual source traits. The isolation of three main factors: 'Individual assertiveness versus Passive submission', 'Group co-operation versus Unsocialized aggression' and 'Group sociability versus Social withdrawal' suggest

that individual behaviour patterns are very strongly socially determined. This very fascinating set of results with its links with empirical studies may be accepted as confirming the stated hypothesis that children's group behaviour may be reliably and accurately observed in brief-exposure groups. These positive empirical links add considerable weight to accepting this technique of personality assessment as valid in research terms. For optimal results subjects must be carefully selected but the question of ideal group composition in relation to behaviour problems needs considerable further exploration. Greater refinement and reliability in observation and rating can only enhance the results and bring this method firmly within the sphere of a new and promising technique for use in the child guidance clinic.

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APPENDIX I

INSTRUCTIONS and PROCEDURE for each DIAGNOSTIC GROUP MEETING

A. FIRST MEETING.

"Good afternoon. You four boys/girls will be coming together here for the following three Thursdays." (Name day of week.) "First we must all get to know one another. I am". (Pin card with Conductor's name to own dress. Show the group four coloured 'Koki' pens.)

"You may now each choose one of these four pens. The colour you choose today will be yours every time you come. Tell me your name and I will write it in your colour on a card and pin the card to your clothes." (Repeat this procedure till all four subjects are suitably 'labelled'.)

"Now I want to see how well you children can occupy yourselves with different things. Each week you will be doing something interesting and different. This week I have prepared a box for each of you. I will write your name in colour on the box you choose. Now sit at the table, take your box and open it. Inside you will see all sorts of playthings; I want to see what you can make with them. When you have made something leave it aside. Nothing may be taken home, as I want to see all the things you have made when you leave. I have a pair of scissors, glue, sticky-tape and 'Koki' pens. If you need these you may ask me. While you are doing this, I will do some marking, but you may ask me anything you like as I will stay with you all the time."

(If the children are not chatting after ten minutes, the Conductor addresses each subject individually:) "How old are you? Where do you go to school?" (If this does not stimulate conversation wait another ten minutes before saying to each child:) "Tell me what is the nicest thing about your school?" (After 35 minutes the Conductor announces:) "We have another ten minutes before you go

home. Please begin to finish off what you are doing." (After 45 minutes say:) "You can now close your boxes boys, and put all the things you have made on the lids so that I can see them."

(The Conductor discusses briefly with each child individually his finished products.)

B. SECOND MEETING.

"Good afternoon boys. Before we begin the games I want to pin your name-cards on you. Please call out your names."

(Conductor pins card on each subject and on self.)

- B.1. PUZZLE GAME. (This task lasts for approximately fifteen minutes.) "Remember I promised you we would do something interesting and different. This afternoon we have a giant jig-saw puzzle. First you must each choose a letter, A, B, C or D." (Allow each subject to choose a letter and mark each name-card with letter of choice.)

"Here we have a wall-paper design." (Point to 'Demonstration' board.) "On the chair is a similar design which has been cut into pieces. Each piece is marked with one of the letters, A, B, C or D. Each child gets 4/5/6 pieces (depending on age group). These pieces must be tacked with drawing pins on this board" (point to 'Activity' board). When you have finished, the puzzle must look exactly like this picture. You will note two lines on this board ('Activity'). They indicate where the straight edges of the puzzle must go. The narrow pieces go right at the end." (Indicate line at extreme right.) A previous group, your age, did this puzzle in about fifteen minutes. Let us see how long you will take to put the pieces together. (At the end of the puzzle game remind the group members:) "Will you boys please check that there are no thumb-tacks on the carpet."

- B.2. PSYCHODRAMA. (Allow approximately five minutes for each scene.) "Now we are going to have some play-acting. We are going to have a concert. I will tell you a little story and each time you can choose any part to play. Pretend that you really are the person you choose; then say what you feel and act what you would do."

B.2.1. Scene I. "Family Outing".

(Place four chairs, in rows of two, in the centre of the room.) "The mummy and daddy are taking their two children for a drive. This is the car. (Point to chairs). Now you may each choose any part, that is mummy, daddy, brother or sister, and you can make up a little play for me to watch. You have about five minutes. I have some old hats for you to wear and here is a mirror to see yourselves."

B.2.2. Scene II. "Disciplinary Mother".

"Now we have a different scene." (Separate chairs into the four corners of the room.) "School is finished for the afternoon. The children have just returned home. The mother is very strict about homework-time, playtime, and meal-times. You can now make up a play about this family, that is mummy and the three children." (Place three children near the door and the mother a few paces away in the middle of the room.)

B.2.3. Scene III. "Cinema Scene".

(Place three chairs near the small window and ask the children to stand on the chairs and peep out of the window.) "It is Saturday afternoon. There are four children in this family. They would like to spend the afternoon at the cinema. Their father said they may, provided it doesn't rain because it is a long way to walk. It has just started to rain very heavily. What happened then ?"

B.2.4. Scene IV. "Injury Scene".

(Replace chairs, approximately six feet apart, in four corners of the room.) "The children are playing outside in the garden. They are running on the lawn and climbing trees. Pretend these chairs are the trees and the carpet the lawn. Suddenly one falls out of a tree and hurts his leg very badly. Now what happened ?"

B.2.5. Scene V. "Own Choice".

"You may now make up and act any scene you like."

C. THIRD MEETING.

C.1. OUTDOOR GAMES. (Each game takes approximately six minutes so that about an half-hour is spent out of doors.)

"Good afternoon boys. I would like to pin your names on your clothes before we go outside to play some games."

(Pin name-cards on all and accompany group through side-entrance to play ground. Before each game the Conductor asks whether the children know the game. If so, they start playing immediately. If not, she requests anyone who knows the game to explain it to the others. She explains again as follows :)

C.1.1. "LEGGY". "You must choose two sides with two children on each side. The two teams stand about fifteen to twenty feet apart. Keep your legs wide apart, knees straight and feet touching. The starter must try to throw the ball through the legs of the children on the other side. If he gets the ball through the legs of a child, that child goes to the thrower's side. You continue throwing the ball until all four children are on the winning side. Let us see which side wins. Begin!"

C.1.2. "EGGY". "Each child chooses a number from one to four and starts off with five points or 'lives'. The starter stands in the middle of the group, throws the ball into the air and calls out "Eggy No.". The child whose number is called immediately runs forward and tries to catch the ball. If he succeeds, he immediately calls another number. If he drops the ball he retrieves it and shouts 'Stop'. The others immediately come to a halt while he tries to hit the child nearest him with the ball. If he misses, he loses a point, but he then has a turn to call out the next number. If the ball touches the child, then that child loses a point and he in turn is allowed to throw the ball into the air and call a number. Let us see who has the most points after five minutes' play."

- C.1.3. "SOCCER" (Boys) or "THROW-THROW" (Girls). (Again the group picks two teams.)

SOCCER: (Place two sets of goalposts approximately forty feet apart and say:) "Each team has to kick the ball between the posts to score. Let us see which team scores the most goals."

THROW-THROW: "You play with the big ball. The one girl passes to her team-mate while the other side tries to get the ball away. Let us see which side has the ball the longest."

(If weather is inclement, games are restricted to indoor play and only the following three games are played. If weather is fine, play the following game last after the preceeding three.)

- C.1.4. "SCOOP-SCOOP". (This can be an indoor game.) "Again pick two sides; each child throws a tennis ball from a distance (approximately ten feet) into a scoop held by the team-member. Each team gets ten 'throws', five turns each child. Every time the ball lands in the scoop you score a point for your team. Let's see which side scores the most points."

- C.1.5. "DECK QUOITS". (Indoor game). "For this game you must pick two teams. Each side will have twelve 'throws', six per child. If the quoit lands in the small circle you score two points for your team; if it lands in the large circle you score one point. Let us see which side scores the most."

- C.1.6. "SKITTLES". (Indoor game.) "Here again you pick two sides. Each side has eight 'throws', that is four turns each boy/girl. Let us see which side can hit the most skittles. I will keep the score."

C.2. CHILDREN'S QUESTIONNAIRE:

(After completion of the games the Conductor calls the group together). "Now we will all go inside as we have something else to do". (All the children go into the small demonstration room where each child seats himself at a small writing table on which is a pencil and a Children's Questionnaire. The tables are well spaced

so that each child's work is private. The Conductor walks from table to table, reading out the questions while each child rings the appropriate answer).

Page i :

"I will read each question to you and I want you to draw a ring around the name of the child you choose. You may choose any child, or as many children as you want to, or, if you don't want to choose anyone, you may put a ring around 'NO ONE' at the end of the line.

Page ii :

"This time you must only put the first letter of the child whom you choose for each question. Look at the top of your page and you will see all the initials. 'P' is for Paul, 'J' for Jerome, etc. If you won't want to choose anyone you may put a stroke, or if you choose all, write 'ALL'."

Pages iii, iv and v :

(The instructions for the first half of Page iii resemble those for Page i. For the rest of the questionnaire say:) "Now I will read out each question and I want you to draw a ring around the word(s) which you think are right for you."

APPENDIX II

CHILDREN'S QUESTIONNAIRE

NAME DATE

1. With whom would you like to come to the Clinic ?

ANDREW MARK PAUL JEROME

NO ONE.

2. Who would you like to take home to play with you ?

MARK PAUL JEROME ANDREW

NO ONE.

3. At the Clinic who would you like to be on your side
in a game ?

PAUL JEROME ANDREW MARK

NO ONE.

4. If you were lost who would you choose to help you ?

JEROME ANDREW MARK PAUL

NO ONE.

5. With whom would you not like to be in another group ?

ANDREW MARK PAUL JEROME

NO ONE.

6. Who would you not like to take home to play with you ?

MARK PAUL JEROME ANDREW

NO ONE.

7. Who would you not like to be friends with afterwards ?

PAUL JEROME ANDREW MARK

NO ONE.

P. J. M. A.

GUESS WHO ?

1. Full of ideas:
2. Always ready for fisticuffs:
3. Very quiet and shy:
4. Always ready to give help:
5. Very good at puzzles:
6. Chatty and friendly:
7. Enjoys acting:
8. Hates playing outdoor games:
9. Hates playing indoor games:
10. Enjoys being in the group:
11. Hates being in the group:

1. Who would choose you to be on their side in games ?
 JEROME ANDREW MARK PAUL NO ONE
2. Who would choose you to be with them in puzzles ?
 ANDREW MARK PAUL JEROME NO ONE
3. Who would invite you to their house for the weekend ?
 MARK PAUL JEROME ANDREW NO ONE
4. Who would like to sit next to you during Clinic time ?
 PAUL JEROME ANDREW MARK NO ONE
5. Which children do you think enjoyed having you with them in the group ?
 JEROME ANDREW MARK PAUL NO ONE
6. Do you think that you are capable of being captain of the group ?
 YES PERHAPS NO
7. (a) Do you think you are the shyest child in the group ?
 YES PERHAPS NO
- (b) How much do you think the other children like you in the group ?
 VERY MUCH MUCH A LITTLE NOT AT ALL
8. Would you rather be a Boy or a Girl ?
9. Would you rather be a Grownup or a Child ?
10. How much do you think the Grownup enjoyed being in the group with you ?
 VERY MUCH MUCH A LITTLE NOT AT ALL

1. What did you like best at the Clinic ?

Box Play
Puzzle Play
Play Acting
Outdoor Games
None

2. What did you like least at the Clinic ?

Box Play
Puzzle Play
Play Acting
Outdoor Games
None

3. How did you like being with 3 other children at the Clinic ?

Very much
A little
Not very much
Hated it

4. How did you used to feel about coming to the Clinic ?

Liked it very much
Liked it
Did not like it
Hated it

5. How do you feel now about coming to the Clinic ?

Like it very much
Like it
Do not like it
Hate it

6. Children come to the Clinic for many reasons. Why do you think you have been coming here ?

- (1) Fighting
- (2) Poor school work
- (3) Not being able to make friends
- (4) Stealing
- (5) Daydreaming
- (6) Worrying
- (7) Being afraid of things
- (8) Bedwetting

APPENDIX III

DIAGNOSTIC GROUP OBSERVATION CHART

(1) OVERT EXPRESSION OF MOTIVES

n. Abasement.	-			
n. Achievement.	/			
n. Affiliation.				
n. Aggression.				
n. Approval.	/			
n. Autonomy.				
n. Deference.				
n. Dependence.				
n. Exhibition.				
n. Harm avoidance.				
n. Nurturance.				
n. Play.				
n. Succorance.				

(2) OVERT FEARFUL AND ANXIOUS BEHAVIOUR IN RESPONSE TO:

Injury.				
Novel situation.				
Group situation.				
Competitive activities especially games.				

(3) OPERATION OF DEFENCE MECHANISMS.

Withdrawal.				
Projection.				
Denial.				
Rationalisation.				

(4) SOCIAL BEHAVIOUR.(a) Peer Interaction

Enhances relationship by admiration, not flattery.				
Helping peers.				
Co-operative.				
Independent.				
Leadership.				
Aggressive domination.				
Aggressive; verbal.				
Aggressive; physical.				
Disruptive.				
Belittles self by criticism.				
Seeks approval.				
Seeks attention.				
Withdraws.				
Submissive follower.				
Protective and kind.				
Bizarre pattern of behaviour.				

(b) Popularity.

Very popular, actively sought after.				
Accepted, liked.				
Not popular, ignored.				
Disliked and actively rejected.				
Prefers solitary occupation.				

(4) SOCIAL BEHAVIOUR (Cont.)(c) In Relation to Conductor.

Co-operative and helpful.				
Seeks attention and approval.				
Neutral.				
Defiant.				
Disobedient.				

(5) TASK ORIENTATION.(a) Attitude.

Interested and attentive.				
Selectively attentive.				
Distracted at times.				
Limited attention span.				
Daydreams; poor concentration.				

(b) Spontaneity and Initiative.

Participates spontaneously.				
Needs a little encouragement.				
Needs a great deal of encouragement.				
Does not participate.				
Refuses to participate.				

(c) Persistence.

Diligent.				
Persistent.				
Conforming.				
Short work span.				
Readily abandons task.				

(5) TASK ORIENTATION (Cont.)(d) Ability.

Superior performance.				
Above age level.				
At age level.				
Below age level; lack of ability.				
Below age level; regressive due to anxiety.				

(e) Qualitative Aspect.

Creative and original.				
Imaginative.				
Flexible.				
Humorous.				

(6) LANGUAGE AND COMMUNICATION.(a) Elocution (articulation and pronunciation).

(b) Vocabulary.

(c) Grammatical structure.

Good.				
Fair.				
Poor.				

(d) Spontaneity of speech.

(6) LANGUAGE AND COMMUNICATION (Cont.)(e) Amount of speech.

Excessive.				
Average.				
Little.				
Nil.				

(f) Communication with others.

Nil.				
Self only.				
One, two or three members.				
Conductor.				

(g) Content categories.

Egocentric.				
Suggestions and advice.				
Critical and teasing.				
Reality oriented.				
Fantasy oriented.				
Humorous.				
Socially perceptive.				
Boastful.				

(7) MOTOR ACTIVITIES.(a) Energy level.

Very active and well directed.				
Average activity.				
Inactive; avoids vigorous actions.				
Markedly inactive.				

(7) MOTOR ACTIVITIES (Cont.)(b) Skill and Dexterity.

Dexterous and agile.				
Average.				
Clumsy.				
Awkward.				

(c) Abnormal Motor Activity.

Lethargic; apathy.				
'Nervous habits'; tics, thumbsucking, etc.				
Restless and fidgety.				
Uncontrolled, wild.				

(8) GENERAL AFFECTIVE TONE.

Elated.				
Cheerful and happy.				
Conforming.				
Unemotional and 'flat'.				
Sullen.				

(9) RESPONSES TO PARTICULAR CUE SITUATIONS.

Evocative Stimulus Situation	Response Patterns					
	Adap- tive	Aggres- sive	Passive	Regres- sive	With- drawn	Flexible
Group situation						
Novel Task						
Task Frustration						
Peer Frustration						
Aggression						
Authority						
Group Pressure						
Competition						
Winning						
Losing						
Taking turns						

Place child's initial in appropriate column.

(10) SELF CONCEPT(a) In relation to own abilities.

Overbold and Overconfident.				
Confident and realistic.				
Lacks confidence, hesitant.				
Markedly lacking in confidence.				

(b) In relation to group members.

Feels accepted.				
Little emotional relationship.				
Feels rejected.				

(10) SELF CONCEPT (Cont.)(c) In relation to Conductor.

Feels accepted.				
Little emotional relationship.				
Feels rejected.				

(11) LEVEL OF MATURITY.(a) Emotional.

Exceptionally well balanced, even tempered.				
At expected level for age.				
Immature; tempers, sulks, cries.				
Overcontrolled, overinhibited.				

(b) Cognitive.

Keen interest in surrounding; insightful, perceptive.				
At age level.				
Below age level; unresponsive to environment.				

(c) Social.

Well adapted, constructive.				
Passive in social situations.				
Maladaptive; tantrums, withdrawal.				

APPENDIX IV.I.

LIST OF OBSERVATIONAL VARIABLES A TO Y.

- A. Outgoing versus Withdrawn.
- B. Social Flexibility versus Rigidity.
- C. Popular versus Unpopular.
- D. Co-operative versus Unco-operative.
- E. Good versus Poor Relationship with Conductor.
- F. Leader versus Follower.
- G. Cheerful versus Depressed.
- H. Emotional Expressiveness versus Rigidity.
- I. Good versus Poor Emotional Control.
- J. At Ease versus Anxious.
- K. Kind and Protective versus Physically Aggressive.
- L. Good versus Poor Motor Co-ordination.
- M. Normal versus Hyperkinetic Motor Activity.
- N. Attentive versus Inattentive.
- O. High versus Low Creative Ability.
- P. Good versus Poor Performance Ability.
- Q. Good versus Poor Verbal Ability.
- R. Spontaneous versus Inhibited Verbal Communication.
- S. Little versus Much Verbal Aggression.
- T. Good versus Poor Task Persistence.
- U. High versus Low Interpersonal Sensitivity.
- V. Unrealistically High versus Low Self Concept.
- W. Exhibitionistic versus Not Exhibitionistic.
- X. Independent versus Dependent.
- Y. High versus Low n. Achievement.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name:

	Variable	Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis.high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV.3.

SCALE POINT CUES FOR RATING OBSERVATIONAL VARIABLES A TO Y.

I. SOCIAL BEHAVIOUR PATTERNS.

A. OUTGOING versus WITHDRAWN.

5. Subject appears outgoing and mixes freely with peers while exhibiting a great deal of spontaneity and enjoyment.
4. Though subject mixes freely, he is not as spontaneous as described above.
3. Subject vacillates between being outgoing at times while not being able to mix freely at other times.
2. Subject is inclined to be rather shy and hesitant to join in and enjoy activities.
1. Subject is shy, seclusive and withdrawn consequently participating only minimally in group activities.

B. SOCIAL FLEXIBILITY versus RIGIDITY.

5. Subject meets demands of social situations freely; flexible in adapting to a variety of play-acting scenes and activities.
4. Subject adopts different roles readily. Though participating in a variety of play and group activities, not as adaptable as described above.
3. Subject shows an average amount of social adaptability for his age; may be disruptive at times while constructive at other times.
2. Subject's social interaction shows evidence of being inhibited and routinised with subsequent stereotyped and rigid behaviour patterns. Dramatic ability limited to choosing the same role which is repeatedly enacted in a similar way.
1. Subject appears over-controlled and over-inhibited in social situations; marked difficulty in adjusting to peers and/or new situations.

C. POPULAR versus UNPOPULAR.

5. Subject appears generally very popular and is actively sought after by peers. Virtually no rejections on sociometry.
4. Subject appears popular and well liked, but occasionally rejected on sociometry. Not as actively sought after by peers.

3. Subject is moderately well liked and accepted. May establish a reciprocal relationship with one other member of the group,
2. Subject does not appear popular or sought after; may be disliked, but nevertheless not frequently or readily rejected.
1. Subject is unpopular and may be actively rejected or ignored.
Confirmed on sociometry.

D. CO-OPERATIVE versus UNCO-OPERATIVE.

5. Subject is co-operative and helpful in social situations. Enhances social relationships by appreciation of peers' activities; skilful and polished in manner and social interplay. A social catalyst.
4. Though subject is active and positive in his social participation, he is not as co-operative and helpful to peers as described above.
3. Social interaction slightly awkward. Subject is unable or unwilling to co-operate actively. Passive toward peers.
2. Subject is rather stubborn and socially inept.
1. Subject is unco-operative, disruptive and rude to peers.

E. GOOD versus POOR RELATIONSHIP WITH CONDUCTOR.

5. Subject appears very co-operative, helpful and eager to please the Conductor.
4. Subject is co-operative and occasionally helpful. Usually accepts authority. May on occasion seek attention and approval from the Conductor.
3. Subject's attitude rather neutral and unconcerned. Establishes minimal relationship. May at times accept and at other times reject authority.
2. Subject appears rather unco-operative and defiant toward Conductor.
1. Subject is hostile, rude and disobedient; openly flaunts Conductor's authority.

F. LEADER versus FOLLOWER.

5. Subject becomes the natural leader of the group; assertive, directive and constructive in group activity.
4. Subject has some leadership ability; plays role of second leader or leader in selected situations.
3. Subject not passive but manifests only slight assertive ability.
2. Subject usually acts in a passive manner. No leadership ability.
1. Subject follows in a very submissive, pliable fashion on all occasions.
Initiates no activity

II. EMOTIONAL BEHAVIOUR PATTERNS

G. CHEERFUL versus DEPRESSED.

5. Subject is excessively cheerful and happy; exaggerated affect. Elated.
4. Subject appears cheerful and happy with no excesses.
3. Subject's disposition is conforming rather than cheerful.
2. Subject has a rather morose expression and appears somewhat resigned.
'Flat' emotionally.
1. Subject's demeanour suggests unhappiness; he has a habitually sullen expression.

H. EMOTIONAL EXPRESSIVENESS versus RIGIDITY.

5. Subject masters emotional stresses in group situations well. He has an expressive facies and expresses emotions freely and constructively.
4. Subject readily expresses emotions but not as freely nor as constructively as described above.
3. Subject appears at his expected emotional age. Copes with expressing emotions in relation to stresses inherent in group situations.
2. Though subject does not manifest emotional rigidity, his behaviour lacks flexibility insofar as he persistently expresses emotions of a rather regressive nature or remains somewhat impassive.
1. Subject appears rigid, over-controlled and may be over-inhibited in expressing emotions.

I. GOOD versus POOR EMOTIONAL CONTROL.

5. Subject exhibits superior emotional control. Takes losing and teasing well and appears to have a high frustration tolerance.
4. Subject possesses above average ability to control his emotional impulses on being instigated.
3. Subject appears to exercise normal emotional control for his age. May, on occasion, become impulsive.
2. Subject appears to lose impulse control fairly frequently in response to overwhelming stimulation in group situations.
1. Subject shows marked lack of emotional control. May regress to a more childish type of behaviour in frustrating or permissive situations. Immature play themes and low frustration tolerance.

J. AT EASE versus ANXIOUS.

5. Subject appears completely at ease and free from anxiety during all meetings.
4. Though subject appears placid, not as completely at ease as described above.
3. Subject shows mild anxiety; apprehensive in some situations only.
2. Though subject is overtly anxious and fearful in some situations, his performance appears slightly, if at all, affected.
1. Subject frequently appears fearful, worrying and anxious, with a resultant deterioration in performance.

III. MOTOR BEHAVIOUR PATTERNS.

K. KIND AND PROTECTIVE versus PHYSICALLY AGGRESSIVE.

5. Subject is physically non-aggressive, kind and protective when peers are attacked. Does not retaliate aggressive acts.
4. Subject is not physically aggressive but may retaliate when he is specifically attacked.
3. Subject is physically aggressive at some meetings; spars, especially in permissive 'climate'.
2. Subject readily fights but not necessarily at all times.
1. Subject is on the attack; kicking, punching and bullying peers at all meetings.

L. GOOD versus POOR MOTOR CO-ORDINATION.

5. Subject shows excellent motor co-ordination at all times; alert, energetic, dexterous, agile and graceful.
4. Subject directs motor energy well; skilled at outdoor games and/or good motor participation in group activities.
3. Subject participates adequately in activities involving gross and fine motor control.
2. Subject appears to have poor motor control and is slow and/or clumsy in motor activity.
1. Subject becomes easily fatigued and movements awkward. A very poor performance in activities involving both large and small muscle groups.

M. NORMAL versus HYPERKINETIC MOTOR ACTIVITY.

5. Subject's motor behaviour is normal; he evinces none of the uncontrolled activities described in (1) below.
4. Subject has good motor control apart from one or more 'nervous' habits. May be rather restless in classroom situation or may be peculiarly inactive or lethargic.
3. Subject has difficulty in controlling his motor activity, particularly in very permissive 'climate'. 'Nervous' habits may be present. Excessively fidgety.
2. Subject shows considerable lack of motor control; often over-boisterous and uninhibited. Some 'nervous' habits probably present.
1. Subject shows a marked lack of motor control. Acts in a disinhibited, wild, disruptive manner. Motor inco-ordination may be present with or without 'nervous' habits such as thumbsucking, nail-biting or tics.

IV. COGNITIVE AND VERBAL BEHAVIOUR PATTERNS.

N. ATTENTIVE versus INATTENTIVE.

5. Subject appears very attentive and interested in all group activities.
4. Subject selectively interested and moderately attentive.
3. Ability to attend considered average; distracted at times.
2. Subject appears easily distracted and has a limited attention span in certain situations.
1. Subject presents as inattentive and absent-minded; may be prone to day-dreaming and shows poor concentration.

O. HIGH versus LOW CREATIVE ABILITY.

5. Subject excels in creative performance in novel task situations and/or in imaginative play-acting.
4. Subject's performance in 'box play' and/or psychodrama suggests above average creativity and resourcefulness.
3. Subject's creative performance rated as average in 'box play' and/or psychodrama.
2. Subject's performance suggests only limited creative ability; a poor yield in 'box play' and poor dramatisation.

1. Subject appears unable to use material in a creative or imaginative manner. (For example, limits play material to plasticine and unable to portray roles.)

P. GOOD versus POOR PERFORMANCE ABILITY.

5. Subject exhibits a perceptive problem-solving approach to performance tasks such as 'puzzle' and 'box-play'.
4. Subject quick in solving spatial relationship problems. Uses trial and error method and 'insight'.
3. Subject performs tasks with average ability for his age.
2. Subject's performance rated as either immature or below age level in some tasks.
1. Subject's performance level considered dull. Unable to use material constructively.

Q. GOOD versus POOR VERBAL ABILITY.

5. Subject appears to have an excellent vocabulary coupled with superior grammatical usage. Outstanding verbal facility.
4. Subject has a good vocabulary with or without superior grammatical usage.
3. Vocabulary and grammatical structure of conversation rated as average for age.
2. Vocabulary and/or grammatical structure of language considered poor and at a low level.
1. Retarded verbal ability coupled with marked immaturity in use of language.

R. SPONTANEOUS versus INHIBITED VERBAL COMMUNICATION.

5. Subject is garrulous, distracting others with incessant talking. Communicates too freely with Conductor, peers and often with self.
4. Subject talks spontaneously; rather talkative with all members and/or Conductor.
3. Subject talks an average amount though fairly selective in his communication.
2. Subject is quiet and speaks only a little with specific members on few occasions.
1. Subject appears extremely quiet with virtually no spontaneous verbal communication.

S. LITTLE versus MUCH VERBAL AGGRESSION.

5. Subject's conversation contains no aggressive content. Kind, considerate remarks in softly spoken tones.
4. Though subject is rated low in verbal aggression, he may pass a very occasional disapproving remark.
3. Subject's conversation generally includes an average amount of aggressive content, such as retaliatory remarks.
2. Subject teases frequently but does not reach the level described in (1).
1. Subject is verbally very aggressive towards peers; taunts, threatens and speaks generally in a very hostile manner.

V. INDIVIDUAL BEHAVIOUR PATTERNS.

T. GOOD versus POOR TASK PERSISTENCE.

5. Subject appears very conscientious and diligent in his tasks execution.
4. Subject's task persistence considered above average for specific tasks.
3. Subject's persistence considered average for all tasks.
2. Subject readily gives up tasks but may return to them later. Short work span.
1. Subject has very poor persistence and usually abandons tasks.

U. HIGH versus LOW INTERPERSONAL SENSITIVITY.

5. Subject shows very good insight into own status in group structure; aware of social attributes and attitudes of peers and Conductor.
4. Subject has a fairly accurate awareness of attributes of peers and own status in group structure.
3. Subject is an inconsistent judge of peer attributes and own position in group structure.
2. Subject assesses both peers' and own position in group structure inaccurately.
1. Subject is socially imperceptive of self in relation to others. Completely unrealistic estimate of own position in group structure and poor assessment of peer attributes.

V. UNREALISTICALLY HIGH versus LOW SELF CONCEPT.

5. Subject appears over-confident of own abilities and has an unrealistically high self concept.
4. Subject rather over-confident and errs on the side of over-estimating himself.
3. Subject presents as confident and estimates own attributes realistically.
2. Subject lacks confidence and errs on the side of underestimating self in relation to own abilities and peers. Poor self-image.
1. Subject indicates that he has no confidence and feels rejected by peers. Has an unrealistically low self concept.

W. EXHIBITIONISTIC versus NOT EXHIBITIONISTIC.

5. Subject acts in an exhibitionistic 'show off' manner; markedly egocentric and boastful in manner and speech.
4. Subject exhibits similar behaviour as described above but less frequently or less markedly. May occasionally seek attention.
3. Subject's behaviour is ordinary. Does not seek attention or the 'limelight'.
2. Subject may occasionally refer to self in an abasive manner. Modest. Appears not to enjoy being in the 'limelight'.
1. Subject minimises own worth. He shuns publicity, belittles himself and does not want to be noticed.

X. INDEPENDENT versus DEPENDENT.

5. Subject is autonomous and self sufficient in execution of group tasks.
4. Independent behaviour only marked in indoor or outdoor situations.
3. Subject's behaviour considered average for age, ranging from being independent at times while dependent and indecisive at other times.
2. Subject occasionally seeks help and advice. Finds it difficult to come to any decision. Occasionally copies peers.
1. Subject is constantly seeking help and advice from Conductor or peers. Copies group members.

Y. HIGH versus LOW n. ACHIEVEMENT.

5. Subject appears ambitious, keen to excel and has high expectations of self in all activities. Keenly competitive in situations which call for this type of behaviour.
4. Subject seems keen to excel only in special situations, for example sport or puzzle game.

3. Subject ignores own poor performance; makes no real attempt to improve or excel. Lacks achievement drive.
2. Subject is satisfied with low standard of performance. Passive responses in face of competition.
1. Subject is not interested in doing well. Shuns competitive activities.

METHOD FOR RATING RECORDED AND CODED DIAGNOSTIC GROUP DATA
ON OBSERVATIONAL VARIABLES A TO Y.

In order to transcribe the rich and varied aspects of the subjects' group behaviour into a limited number of patterns, a method of data reduction was devised which allowed classification and yet considerable differentiation within each class.

Each variable, representing different aspects of behaviour, was divided along a five-point scale with the two extremes describing opposite features while the three intermediate subdivisions represented a graded continuum between these two poles.

Before defining each variable and indicating the observational data which must be synthesized to arrive at a numerical rating, the procedure will be outlined in brief.

- (a) Assemble all observed data relevant to one behavioural category such as physical aggression.
- (b) Rank members, in descending or ascending order, for that category according to the rater's estimate, for example John was the most aggressive and Peter second.
- (c) Now assign a numerical value to the subject's behaviour according to the descriptive cue subdivision with which there is the greatest congruence (Appendix IV.3.).

OPERATIONAL DEFINITIONS OF VARIABLES AND RELEVANT DATA WHICH MUST
BE INTEGRATED BEFORE RATING EACH VARIABLE

- I. SOCIAL BEHAVIOUR PATTERNS cover modes of action which can be observed only in group situations and not in dyadic ones.

Variable A: Outgoing versus Withdrawn. The rater evaluates social behaviour in terms of making social overtures, initiating social interplay and the amount of spontaneity and enjoyment accompanying this type of affiliatory behaviour. Behaviour ranges from being outgoing, spontaneous and sociable to hesitant attempts to play and, lower down on the scale, shy and seclusive with little or no play communication. To assess this variable, synthesize the following data:

- (a) Overt expression of n. Affiliation and n. Play, that is subject indicates a keen desire and enjoyment to be in the company of and play with peers.
- (b) Subject uses withdrawal as a defence mechanism; habitually withdraws when he perceives situations as anxiety-evoking.
- (c) The amount of physical and verbal spontaneity and initiative subject exhibits in group tasks.
- (d) From the Children's Questionnaire:
 - (i) The extent of outgoingness as shown by the number of choices and rejections made by the subject, i.e.. sum of rows in the sociomatrix.
 - (ii) Responses to 'Guess Who' questions (note if subject elects self) : "Who enjoys being in the group ? "; "Who hates being in the group ?".
 - (iii) Response to: "How did you like being with three other children at the Clinic ?".
 - (iv) Attitude to Clinic and change wrought by group experiences.
- (e) Subjective impressions noted by Conductor.

Variable B: Social Flexibility versus Rigidity. Behaviour, which ranges from ready adoption of different roles and alacrity and flexibility of participation in varied group activities, is weighed against overcontrolled, rigid, stereotyped social play. How is this evaluated in group observation ?

- (a) The subject's mode of response to the interpersonal aspect of the group situation is assessed in terms of adaptive, aggressive, passive, regressive, withdrawn or flexible responses.
- (b) Does the subject portray a variety of roles in play-acting or does he persistently play a stereotyped role ?
- (c) The subject's ability to adjust to the demands of different group situations or tasks.
- (d) The Conductor's estimate of the subject's social maturity level rated in terms of well-adapted, passive or maladaptive.
- (e) Subjective impressions during group meetings.

Variable C: Popular versus Unpopular. The extent to which a subject is sought after or rejected as a play companion, and the desirability of his company in a variety of real and imagined situations are appraised. The rater assesses popularity by noting:

- (a) Team choices and rejections in acting and outdoor games.
- (b) Sociometric data derived from the Children's Questionnaire:
 - (i) Number of choices and rejections each subject receives, i.e. the sum of columns in sociomatrix.
 - (ii) The total number of times each subject is seen as being 'chosen' by group members, i.e. sums of rows in sociodiagram.
- (c) Subjective impressions during group meetings.

Variable D: Co-operative versus Unco-operative. The subject's ability to enhance interpersonal relationships by co-operating with peers is assessed. The range of behaviour spans from helpful, polished, social diplomacy, to inept, disruptive peer interaction. This variable is rated by integrating the following observational data:-

- (a) The overt expressions of n. Nurturance, i.e. the wish to help others in need.
- (b) The presence of the following behaviours in social peer play:
 - (i) Enhancing peer relationship by appreciation of others' products or activities.
 - (ii) Helpful and co-operative play.
 - (iii) Dominating manner and attitude.
 - (iv) Disruptive in play activities.
 - (v) Protective and kind.
- (c) Subjective impressions, especially stimuli which trigger off unco-operative behaviour.

Variable E: Good versus Poor Relationship with Conductor. The attitude and behaviour of group members toward the Conductor, as a symbol of authority and a helpful adult, forms the basis for the rating. Behaviour ranges from helpful and eager to please to rebellious flaunting of authority. This variable is rated by integrating the following data:

- (a) Subject's attitude and behaviour toward Conductor.
- (b) General responses to authority.
- (c) Children's Questionnaire: reply to "How much do you think the grown-up enjoys being in the group with you ?".

Variable F: Leader versus Follower. Stogdill's (1950) definition of leadership as "the process of influencing the activities of an organised group in its task of goal setting and goal achievement" is accepted. This reinforces the concept that leadership is a social quality and can be evaluated only in a social group setting. To assess this variable the rater notes:

- (a) Constructive assertion, directive and integrative qualities particularly in co-operative tasks and team games.
- (b) Passivity and submission which point markedly to 'follower' behaviour; absence of initiative.
- (c) Subjective assessment.

II. EMOTIONAL BEHAVIOUR PATTERNS.

Though sampling affective behaviour, the crucial aspect of the rating is again focussed on the social milieu.

Variable G: Cheerful versus Depressed. This variable describes the subject's expressions and demeanour, ranging from elation to sullenness and unhappiness. The subject's inner mood is readily portrayed in his face and stance. His general affective tone and the Conductor's subjective assessment determine the numerical rating attained by the subject.

Variable H: Emotional Expressiveness versus Rigidity. The extent and freedom of emotional expression in contrast to inhibition of affective spontaneity is appraised. To assess this variable, synthesize the following data:

- (a) The facial expressiveness of the subject.
- (b) Emotion-laden expressions, especially in psychodrama.
- (c) The presence of overcontrol and restriction as opposed to well-balanced emotional spontaneity.
- (d) Subjective assessment.

Variable I: Good versus Poor Emotional Control. The efficiency of coping devices which the subject musters to meet an extended range of emotional demands in the group situation is rated in this variable. The subject's degree of impulse control determines his position on the one-to-five continuum. This is assessed by noting:

- (a) The subject's tolerance of frustration, either by peers or by some aspect of the task which he cannot master.
- (b) The subject's responses to aggression and competition provide further insight into his level of emotional functioning.
- (c) Behaviour which calls for a measure of self-control, for example in situations where external controls are relaxed.
- (d) The level of emotional maturity as assessed at group meetings.
- (e) Subjective impressions, particularly regressive behaviour, poor frustration tolerance and immature play themes.

Variable J: At Ease versus Anxious. The subject's affective state, ranging from complete relaxation and a placid disposition to anxious, fearful and apprehensive behaviour, forms the enquiry in this variable. This behaviour is rated by assessing:

- (a) The overt expression of n. Harmavoidance, i.e. the subject indicates by manner or action his fear and apprehension of being hurt.
- (b) The presence of fearful and anxious behaviour and the occasions which elicit this.
- (c) Whether subject's performance is adversely influenced by anxiety.
- (d) The Conductor's subjective impressions.

III. MOTOR BEHAVIOUR PATTERNS describe the subject's physical activity, motor co-ordination and motor control.

Variable K: Kind and Protective versus Physically Aggressive. In this variable the presence, extent and factors which elicit physical aggression, such as hitting, harming or attacking peers, are rated. The following behavioural features are considered in rating:

- (a) The overt expression of n. Aggression expressed in physical 'attack' on peers.
- (b) The subject's acting out of physical aggression in peer situations.

(c) The presence of physically aggressive acts in response to:

- (i) Group and novel situations.
- (ii) Frustration by peer and/or task.
- (iii) Authority situations, and
- (iv) Competitive stimuli.

Variable L: Good versus Poor Motor Co-ordination. The subject's motor control, that is his ability to coordinate and use both large and small muscle groups efficiently, is rated. The final assessment is judged on both indoor and outdoor motor activity. Rating involves a consideration of:

- (a) The skilful use of small muscle groups which is particularly assessed in:
 - (i) dexterity and skill displayed at the first meeting;
 - (ii) skill in handling drawing pins in puzzle game;
 - (iii) subject's writing skill at third meeting.
- (b) Energy level and athletic skill evaluated mainly in outdoor activities.

Variable M: Normal versus Hyperkinetic Motor Activity. In this variable the emotional control of motor behaviour is appraised. The two opposite poles are normal motor behaviour and wild, disruptive, disinhibited, hyperkinetic motor activity. This variable is rated by observing:

- (a) The presence of maladaptive motor activity ranging from excessive restlessness and fidgetiness to an apparent inability of subject to exercise any control or self-discipline over his motor activities.
- (b) The presence of 'nervous habits' such as tics, thumbsucking, nailbiting, scratching, pulling, eye-blinking and masturbation also assist in determining the final rating.

IV. COGNITIVE AND VERBAL BEHAVIOUR PATTERNS.

In the set of observations comprising these variables the rater assesses cognitive behaviour as well as qualitative and quantitative aspects of verbal communication.

Variable N: Attentive versus Inattentive. The ability to attend, concentrate and remain interested in the task at hand forms the core of this variable. This is rated by synthesizing the subject's orienting and attending behaviour in all group tasks.

Variable O: High versus Low Creative Ability. The creative and imaginative richness which is projected in play during the first two meetings serves as a yardstick for assessing this variable.

- (a) During the first meeting creative ability in the performance field may be assessed. Objects made from the unstructured material are appraised for creative features such as originality and flexibility in range of material used. The products are assessed comparatively making due allowance for age differences of the subjects.
- (b) The subject's imaginative role interpretation in psychodrama reflects his level of verbal creativity. Here again, the performance is weighed against that of group members.

Variable P: Good versus Poor Performance Ability: The subject's ability in activities such as discerning spatial relations in the puzzle game and the constructive handling of play material determine the rating gained in this category. This variable is assessed by noting:

- (a) The child's ability to use puzzle parts constructively. Does he approach task in an analytic, trial and error or random manner? Is he alert or unresponsive?
- (b) The subject's approach to the 'box-play' task and his general level of play are appraised.

Variable Q: Good versus Poor Verbal Ability. Linguistic ability is assessed by noting vocabulary, grammatical usage and sentence structure of conversation during group encounters. In rating this variable weigh:

- (a) The recorded aspects of verbal behaviour including vocabulary and grammatical structure of sentences, particularly excessive use of conjunctions, incomplete sentences, phrases, use of gibberish, neologisms and unintelligible words.
- (b) Level of conversation during the psychodrama interludes.

Variable R: Spontaneous versus Inhibited Verbal Communication. The amount, extent and spontaneity of verbal communication form the basis for rating this variable. Three categories, reflecting quantitative aspects of verbal behaviour, are synthesized in the rating:

- (iii) Accuracy of response to question: "How much do you think the other children like you in the group ? "
- (b) In addition, any recorded remarks pertinent to the behaviour of Conductor or group members are considered.

Variable V: Unrealistically High versus Low Self Concept. The way in which the subject views his own abilities and social qualities is rated; the range spans from overconfidence with a markedly enhanced self concept to a complete lack of self-confidence coupled with an unrealistically low self-image.

This variable is rated by integrating the following data:

- (a) The subject's confidence level as gauged in relation to own ability, peers and Conductor. This may be evaluated in overt expressions of self-assurance and readiness to tackle new and potentially demanding tasks, and subject's exaggerating or minimising the difficulty of activities.
- (b) Information from the Children's Questionnaire:
 - (i) Roles assigned to self in 'Guess Who' game. (Page ii).
 - (ii) Number of peers subject sees as 'choosing' him, i.e. sum of columns in sociodiagram.
 - (iii) Qualitative estimate of questions pertaining to self. (Lower half of Page iii).
 - (iv) Reason subject advances for his referral to the Clinic (Page v).

Variable W: Exhibitionistic versus Not Exhibitionistic. Subject's habitual mode of behaviour described in terms of exhibitionistic, 'show off', attention-seeking activity, balanced against self-effacing, modest, publicity shunning actions, is rated in this variable. The following phenomena are synthesized in the rating procedure:

- (a) The overt expression of n. Exhibition~~ism~~, that is the desire to be the centre of attraction.
- (b) Attention-seeking behaviour in relation to peers and Conductor.
- (c) Psychodrama which specifically provides a neat stage for the emergence of this behaviour.
- (d) Content analysis of speech, particularly the presence or absence of boastful, belittling and self-critical remarks.

Variable X: Independent versus Dependent. The presence and extent of autonomous, independent task behaviour as opposed to indecisive dependence associated with reliance on peers and adult is rated. Note:

- (a) The overt expression of several motives:
 - (i) n. Autonomy, that is the drive to work independently without seeking aid.
 - (ii) n. Approval, that is need to seek peers' or Conductor's approval.
 - (iii) n. Dependence, which represents the opposite motive from (i) above, in other words the constant need to appeal to someone for aid and assistance.
 - (iv) n. Deference, which describes the motive to copy others.
 - (v) n. Succorance, that is the desire to receive protection and help from others.
- (b) Independence in persisting with tasks without recourse to help from peers or Conductor also confirms the presence of independence, whereas the opposed behaviour favours dependence.
- (c) An interesting light is thrown on this trait by noting choice of 'grown up or child ?' on the Children's Questionnaire (Page iii).
- (d) Subjective impressions gained during the three group meetings.

Variable Y: High versus Low n. Achievement. The strength of the achievement drive as displayed in group behaviour forms the basis for differentially rating this variable. When rating note:

- (a) The presence of n. Achievement as expressed overtly in the desire to excel in comparison with a standard of excellence.
- (b) Its absence reflected either by passive or withdrawal responses in face of competition.
- (c) Achievement-oriented remarks and industriousness in 'box-play' and in puzzle game.

APPENDIX V.1.
PARENTAL QUESTIONNAIRE

DATE:

NAME OF CHILD: DATE OF BIRTH:

NAME OF PERSON COMPLETING THIS FORM:

RELATIONSHIP TO CHILD: MOTHER FATHER OTHER

You are being asked to complete this Form about
..... in order to give us information so that we may better understand
him/her.

There are 35 questions. Pick the one answer you think best describes
your child and draw a circle around the letter next to that answer. Please make
sure that you try to answer all 35 questions. If you and your husband feel very
differently about any one point, please put (F) for Father and (M) for Mother
against item.

If you want to add anything, write this next to the question.

7. In his mannerisms and behaviour does your child:-
 - (a) Often copy a parent or other person
 - (b) Occasionally copy a parent or other person
 - (c) Never copy anyone but behaves in an individual manner
 - (d) Difficult to say.
8. How does your child behave when placed 'in the limelight'?
 - (a) Enjoys it
 - (b) Doesn't mind
 - (c) Doesn't like it at all
 - (d) Difficult to say.
9. Does your child show unusually strong fear of injury, strangers, being left alone, tests, etc.?
 - (a) Yes (Name fear:)
 - (b) Normal fears only
 - (c) No -- very seldom shows fear of anything
 - (d) Difficult to say.
10. How often does your child either help younger children or animals?
 - (a) Is always bringing home odd 'strays'. Very helpful with babies
 - (b) Occasionally -- with animals or younger children
 - (c) Not really
 - (d) Difficult to say.
11. In the afternoon after school does your child usually:-
 - (a) Play actively indoors and/or outdoors
 - (b) Prefer reading
 - (c) Just sit around
 - (d) Difficult to say.
12. Would you say, with regard to personal possessions, your child is:-
 - (a) Very methodical and neat
 - (b) Average
 - (c) Untidy
 - (d) Very untidy
 - (e) Difficult to say.

13. When in the company of friends, does your child:-

- (a) Always want to tell others what to play
- (b) Occasionally want to tell them
- (c) Never tell them what to play
- (d) Difficult to say.

14. If your child were reprimanded for something bad or naughty he had done, would he/she:-

- (a) Withdraw and sulk
- (b) Blame someone else
- (c) Deny it
- (d) Make up an incredible story
- (e) Make an excuse
- (f) Argue he is innocent
- (g) Complain he is always being picked on
- (h) Cry
- (i) 'Own up'.

15. In what mood would you say your child is usually ?

- (a) Cheerful and happy
- (b) Eventempered
- (c) Inclined to be moody and changeable
- (d) Generally unhappy and discontented
- (e) Nervous, tense and irritable
- (f) Difficult to say.

16. Draw a circle around each letter which you feel best describes your child's behaviour when friends are visiting at his/her own home:-

- (a) Admires their abilities, clothes, etc.
- (b) Helpful towards them
- (c) Independent behaviour (e.g. carries on with own interests)
- (d) Becomes the leader, i.e. makes all the suggestions
- (e) Bullies friends (brothers or sisters)
- (f) Shouts at friends (brothers or sisters)
- (g) Fights with friends (brothers or sisters)

- (h) Always breaks up the games
- (i) Points out all weaknesses
- (j) Wants to be the centre of attraction
- (k) Does not want to be the centre of attraction
- (l) Runs to mother for approval
- (m) 'Shows off'
- (n) Doesn't join in play
- (o) Prefers to play with imaginary friends
- (p) Acts in an odd manner. Describe:
-
-

17. During weekends, would you say your child:-

- (a) Is constantly in demand as a playmate
- (b) Is with other children an average amount of time
- (c) Is not welcomed by other children
- (d) Does not look for friends
- (e) Enjoys being alone
- (f) Difficult to say

18. (i) How does your child generally behave on entering school for the first time or on entering a new class:

- (a) Keen to go (enthusiastic)
- (b) Goes readily (conforms)
- (c) Doesn't want to go
- (d) Displays temper tantrums or any other childish behaviour
- (e) Becomes very shy
- (f) Difficult to say

(ii) How does your child generally behave when friends are starting to fight with him/her:-

- (a) Tries to stop the fight
- (b) Fights back
- (c) Doesn't fight back
- (d) Immediately begins to cry or runs to grownup for help
- (e) Difficult to say

- (iii) How does your child generally behave when parents offer help and advice:-
- (a) He/she considers it and usually accepts
 - (b) He/she accepts unwillingly - needs convincing
 - (c) He/she ignores advice and help
 - (d) He/she flatly refuses to accept it
 - (e) Difficult to say
- (iv) How does your child generally behave when parents tell him/her to do something:-
- (a) Accepts it, but not blindly. Usually obeys
 - (b) Obeys after being nagged
 - (c) Flatly refuses to obey
 - (d) Goes into a childish temper
 - (e) Sulks and withdraws
 - (f) Difficult to say
- (v) When friends all decide on some game or pastime, how does your child generally behave:-
- (a) Usually agrees
 - (b) Insists on playing something else
 - (c) Agrees after much argument
 - (d) Behaves childishly (cries or leaves)
 - (e) Difficult to say
- (vi) How does your child behave on hearing that another child has beaten him/her at school-work:-
- (a) Determined to work harder
 - (b) Accepts own work as his/her best
 - (c) Readily accepts that he/she gets beaten (not concerned)
 - (d) Runs other child down
 - (e) Makes excuses for self
 - (f) Sulks
 - (g) Difficult to say
- (vii) When friends do not want to play the games he/she wishes to play, how does your child generally behave:-
- (a) Accepts it readily and follows friends
 - (b) Can be persuaded to change - not very willingly though

(vii) (cont.)

- (c) Cries
- (d) Sulks
- (e) Leaves the group and carries on with own activity
- (f) Difficult to say

19. Behaviour at school:

- (a) Interested and attentive (Enthusiastic)
- (b) Not interested. Easily distracted
- (c) Accepts the conditions of school (Conforms)
- (d) Naughty (Disturbs the class)
- (e) Difficult to say

20. How does your child feel about belonging to outside groups - (Cubs Brownies, etc.):-

- (a) Eager to join
- (b) Needs a little encouragement
- (c) Needs a great deal of encouragement
- (d) Flatly refuses to go although encouraged
- (e) Does not belong to any outside group

21. How does your child feel about doing homework or other tasks around the house, if no homework:-

- (a) Hardworking and persistent
- (b) Works readily
- (c) Works, but not very willingly
- (d) Readily tires and gives up
- (e) Only works if threatened with punishment
- (f) Refuses to do any work

22. In play have you noticed your child:-

- (a) Often comes out with new ideas
- (b) Is average for age
- (c) Is below average for age
- (d) Difficult to say

23. How nimble is your child, e.g. in running, walking, balancing, climbing, etc.:-
- (a) Particularly skilful - good at sport
 - (b) About average
 - (c) Somewhat below average; rather clumsy and awkward
 - (d) Very clumsy and awkward
 - (e) Difficult to say
24. How skilful is your child in doing fine work with fingers or playing with small objects:-
- (a) Exceptionally good
 - (b) Average for age
 - (c) A little awkward
 - (d) Very awkward
 - (e) Difficult to say
25. Do you feel that your child:
- (a) Overestimates own ability
 - (b) Is aware of how much he/she can do
 - (c) Underestimates own ability
 - (d) Difficult to say
26. How many times would you say your child says there is no one to play with:-
- (a) Often
 - (b) Seldom
 - (c) Never
27. Would you describe your child as:-
- (a) Very talkative
 - (b) Moderately talkative
 - (c) Quiet
 - (d) Very quiet
 - (e) Difficult to say

28. How much ability has your child to say what he feels:-

- (a) Is very good at this
- (b) Average
- (c) Has very little ability
- (d) Too young to tell
- (e) Difficult to say

29. When it comes to such things as not getting his/her own way, how does your child act:- (Can mark more than one).

- (a) Accepts it in a reasonable manner
- (b) Argues a little but gives in in the end
- (c) Keeps on nagging until he gets his own way
- (d) Immediately cries, shows outbursts of temper
- (e) Sulks and withdraws
- (f) Overcontrolled - 'bottles things up'
- (g) Difficult to say

30. How do you think of your child's intelligence ?

- (a) As above average
- (b) As average
- (c) As slightly below average
- (d) As definitely below average
- (e) Difficult to say

31. When playing with other children, would you say your child:-

- (a) Is outgoing and gets along very well
- (b) Gets on fairly well
- (c) Is rather withdrawn and a poor mixer
- (d) Finds it difficult to get on
- (e) Difficult to say

32. In relation to grownups would you say your child:-

- (a) Is outgoing and gets along very well
- (b) Gets on fairly well
- (c) Is a poor mixer - rather withdrawn
- (d) Finds it difficult to get on
- (e) Difficult to say

33. At home would you say your child is:-

- (a) Very affectionate (especially with)
- (b) Moderately affectionate
- (c) Not at all affectionate
- (d) Difficult to say

34. When it comes to daily discipline:-

- (a) Do parents agree ?
- (b) Does Mother think Father too strict ?
- (c) Does Father think Mother too strict ?
- (d) Does Mother think Father too 'soft' ?
- (e) Does Father think Mother too 'soft' ?

35. (a) Are there any aspects of your child's behaviour which annoy you ?

YES / NO

(b) If Yes, which aspect ?

In filling in this form did you talk over your answers with anyone ?

If so, with whom ?

APPENDIX V.2.

LIST OF PARENTAL QUESTIONNAIRE VARIABLES 1 TO 25.

1. Outgoing versus Shy.
2. Sociable versus Unsociable.
3. Popular versus Unpopular.
4. Co-operative versus Unco-operative.
5. Good versus Poor Relationship with Adults.
6. Leader versus Follower.
7. Cheerful versus Depressed.
8. Seldom Sulks versus Often Sulks.
9. No Temper Tantrums versus Some Temper Tantrums.
10. Few versus Marked Fears.
11. Seldom Fights versus Often Fights.
12. Skilful versus Not Skilful.
13. Active versus Not Active.
14. Interested in School versus Not Interested.
15. Very Creative Play versus Not Creative Play.
16. Superior Intelligence versus Average or Below.
17. Rarely Cries versus Often Cries.
18. Talkative versus Quiet.
19. Rarely Complains versus Complains Often.
20. Good versus Poor Task Persistence.
21. Neat versus Untidy.
22. Very Confident versus Lacks Confidence.
23. Often 'Shows Off' versus Does Not 'Show Off'.
24. Independent versus Not Independent.
25. Strives to Achieve versus Does Not Strive.

APPENDIX V.3.

METHOD FOR RATING PARENTAL QUESTIONNAIRE RESPONSES ON A TWO-POINT SCALE.

A. RULES.

Read instructions carefully before commencing rating and consider each check mark critically in relation to the question.

1. Usually, where a discrepancy in the check marks arises, allow subject the more desirable rating.
2. When a (2) is scored on an 'a' or 'b' rating, the 'a' check carries more weight than the 'b'.
3. When only two checks constitute the final score, rate as (2) if checks corresponding to (1) and (2) are marked; but reconsider if the (1) is gained not on a 'b' check but on a lower grading, that is 'c' or 'd'.
4. Where parents check 'difficult to say', mark question with the less desirable rating.
5. Where there are no check marks, again allot the less desirable rating.
6. Where a rating is constituted by two checkmarks and one is rated (2) on the basis of an 'a' and the other corresponds with 4 or 5 above, rate as (2). However, if the (2) is gained by a 'b' and the other is doubtful, look for other evidence before rating, for example, remarks, or consider the content of the question carefully before rating as (2) or (1).
7. Questions which are of greater significance in determining the final rating are indicated as being weighted.

B. INSTRUCTIONS FOR RATING.

1. Subject is outgoing, mixes freely with other children (2) versus shy and fearful of other children (1). This variable is rated by examining questions:

18(i) a and b = 2 rest = 1

31 a and b = 2 rest = 1 weighted

2. Subject is very sociable; seeks company of other children (2) versus subject often prefers to play alone (1). This variable is rated by examining questions :

3 : a = 2 rest = 1

20 : a = 2 rest = 1

3. Subject is popular and in demand as a playmate (2) versus not really sought after; ignored or rejected by friends (1). This variable is rated by examining question :

17 : a and b = 2 rest = 1

4. Subject is co-operative in peer play (2) versus unco-operative (1). This variable is rated by examining questions :

16 : a and b = 2 rest = 1 (h) is weighted.

18(v) : a = 2 rest = 1

Additional guidance is provided by examining questions :

10 : a and b = 2 rest = 1

18(vii) : a and b = 2 rest = 1

5. Subject is outgoing and has a good relationship with adults (2) versus finds it difficult to get on with adults (1). This variable is rated by examining question :

32 : a and b = 2 rest = 1

6. Subject is inclined to take over the leadership of the group (2) versus plays role of a passive follower (1). This variable is rated by examining questions

13 : a = 2 rest = 1

16 : d = 2 rest = 1 weighted

7. Subject has a cheerful and happy disposition (2) versus unhappy, depressed and irritable (1). This variable is rated by examining question

15 : a and b = 2 rest = 1.

8. Subject seldom or never sulks or pouts (2) versus often sulks or pouts (1).

Note: Here subject must have at least two checkmarks, each with a score of 1, to merit a final rating of 1. This variable is rated by noting checkmarks to questions

14 : a = 1 not sulk = 2

18(iv): e = 1 not sulk = 2

18(vi) f = 1 not sulk = 2

18(vii) d = 1 not sulk = 2

29 e = 1

9. Subject never has temper tantrums (2) versus occasionally has temper tantrums (1). This variable is rated by examining questions

18(i) d = 1 no temper tantrums = 2

18(iv) d = 1 no temper tantrums = 2

29 d = 1 weighted.

10. Subject seldom shows marked fear (2) versus has some marked fears (1). This variable is rated by examining question

9 b, c, d = 2 a = 1

11. Subject never or seldom fights with children (2) versus often fights (1).

This variable is rated by examining questions

4 a & b = 1 c, d, e = 2 weighted.

16 g & h = 1 rest = 2 weighted.

18(ii) b = 1 rest = 2

12. Subject is skilful in motor activities (2) versus average or clumsy (1).

This variable is rated by examining questions

23 a = 2 rest = 1

24 a & b = 2 rest = 1

Note: If 'average' checks attained in 23 and 24, final rating is 1.

13. Subject plays actively after school (2) versus sits around inactively (1).

This variable is rated by examining question

11 a = 2 rest = 1

14. Subject is interested and enthusiastic about school (2) versus not keen a disturbing influence in class (1). This variable is rated by examining question

19 a = 2 rest = 1

15. Subject's play appears creative versus average for age or not creative (1).

This variable is rated by examining question

22 a = 2 rest = 1

16. Subject is considered as having superior intelligence (2) versus average or slightly lower intelligence (1). This variable is rated by examining questions:

30 a = 2 rest = 1 weighted.

Consider also:

28 a = 2 rest = 1.

17. Subject rarely cries (2) versus cries often (1). This variable is rated by examining questions:

14	h = 1	does not cry = 2	<u>weighted</u>
18(ii)	d = 1	does not cry = 2	
18(v)	d = 1	does not cry = 2	
18(vii)	c = 1	does not cry = 2	
29	d = 1	does not cry = 2	<u>weighted</u>

Note: Here subjects must have at least 2 checkmarks each with a score of 1, to merit a final rating of 1.

18. Subject is very talkative versus rather quiet. This variable is rated by examining question

27	a = 2	rest = 1

19. Subject rarely complains (2) versus complains often (1). This variable is rated by examining questions:

14	g = 1	rest = 2	<u>weighted</u>
26	a = 1	rest = 2	

20. Subject nearly always persists with task till completed (2) versus abandons task readily (1). This variable is rated by examining question

21	a & b = 2	rest = 1

21. Subject is methodical and neat versus untidy (1). This variable is rated by examining question

12	a & b = 2	rest = 1

22. Subject is very confident (2) versus lacks confidence (1). This variable is rated by examining question:

25	a & b = 2	rest = 1

23. Subject often 'shows off' (2) versus 'seldom or never' shows off' (1).

This variable is rated by examining questions:

8	a = 2	rest = 1	
16	j, m = 2	<u>weighted</u>	
16	k = 1	<u>weighted</u>	

24. Subject is independent and autonomous (2) versus constantly seeks help and copies others (1). This variable is rated by examining questions:

6	a = 2	rest = 1	<u>weighted</u>
7	c = 2	rest = 1	

16 c = 2

1 c = 2 (use only as a guide).

25. Subject strives to achieve (2) versus does not strive (1). This variable is rated by examining questions:

2 a = 2 rest = 1

18(vi) a & b = 2 rest = 1 weighted

Note: in 18(vi) difficult to say = 2 if a is checked in Question 2.

APPENDIX VI.1.

LIST OF VARIABLES AA TO HH OF PARENTAL ATTITUDES,
INTELLIGENCE TEST LEVEL, AGE AND SEX.

- AA. Accepting versus Rejecting Parents.
- BB. Permissive versus Strict Parents.
- CC. Nonchalant versus Over-Anxious Awareness of Problem.
- DD. Harmonious versus Hostile Interparent Relationship.
- EE. High versus Low Level of Parental Objectivity.
- FF. Very Bright versus Very Dull.
- GG. Older versus Younger.
- HH. Boy versus Girl.

APPENDIX VI.2.

SCALE POINT CUES FOR RATING.

PARENTAL ATTITUDE VARIABLES AA to EE

AA. ACCEPTING versus REJECTING PARENTS.

5. Parents appear exceptionally devoted, warm and loving toward child.
4. Parents appear very accepting of child. Uncritical attitude.
3. Parents accept child tacitly.
2. Parents inclined to resent child too readily. Rather antagonistic.
1. Parents openly rejecting, cold and hostile in relation to unwanted child.

BB. PERMISSIVE versus STRICT PARENTS.

5. Parents extremely permissive; exercise little or no control over child's behaviour and barely limit his freedom.
4. Parents rather permissive and liberal in relation to child's activities. Overlook many violations.
3. Parents' behaviour consistent, neither too strict nor too lenient. Moderately firm.
2. Parents demanding and rather strict in disciplining their child.
1. Parents extremely restrictive and punitive in controlling child's activities.

CC. NONCHALANT versus OVER-ANXIOUS AWARENESS OF PROBLEM.

5. Parents appear completely unaware of child's problems; they minimise presenting symptoms and appear uninsightful.
4. Parents, though aware of child's symptoms, rather unconcerned; child referred to Clinic by an outside 'agent'.
3. Parents present as normally aware and concerned about their child's problems. Good perspective.
2. Parents chronically tense about child and rather concerned about his problems.
1. Parents appear very over-aware and over-anxious; magnify child's problems irrationally.

DD. HARMONIOUS versus HOSTILE INTERPARENT RELATIONSHIP.

5. Parents live harmoniously. Peaceful home atmosphere.
4. Ostensibly harmonious interparent relationship. Parents appear to have a 'give-and-take' relationship. Tolerant, good natured and friendly.
3. Parents appear to go their own ways. No surface bickering.
2. Parents create an ostensibly hostile atmosphere. Frequent complaints and disputes between them.
1. Relationship between parents is hostile. Great deal of discord; divorced.

EE. HIGH versus LOW LEVEL OF PARENTAL OBJECTIVITY.

5. Parental Questionnaire and Observational ratings disagree.
0 - 3 times. Highly objective.
4. Parental Questionnaire and Observational ratings disagree
4 - 5 times. Fairly objective.
3. Parental Questionnaire and Observational ratings disagree
6 - 7 times. Average objectivity.
2. Parental Questionnaire and Observational ratings disagree
8 - 10 times. Below Average objectivity.
1. Parental Questionnaire and Observational ratings disagree
11 - 15 times. Low objectivity.

APPENDIX VI.3.

Scale Point Cues for Rating Variables of INTELLIGENCE TEST LEVEL, AGE and SEX. FF to HH.

FF. VERY BRIGHT versus VERY DULL.

5.	Very bright.				Intelligence Test Score (I.Q.) 120 and over.
4.	Bright.	"	"	"	I.Q. 105 to 119.
3.	Average.	"	"	"	I.Q. 95 to 104.
2.	Dull.	"	"	"	I.Q. 85 to 94.
1.	Very dull.	"	"	"	I.Q. 84 and below.

GG. OLDER versus YOUNGER.

5. Age ten years and over.
4. Age between nine and ten years.
3. Age between eight and nine years.
2. Age between seven and eight years.
1. Age between six and seven years.

HH. BOY versus GIRL.

2. Boy.
1. Girl.

APPENDIX VII.

LIST OF THIRTY-ONE VARIABLES THAT ENTERED INTO FACTOR ANALYSIS.

I. OBSERVATIONAL VARIABLES.

- A. Outgoing versus Withdrawn.
- B. Social Flexibility versus Rigidity.
- C. Popular versus Unpopular.
- D. Co-operative versus Unco-operative.
- E. Good versus Poor Relationship with Conductor.
- F. Leader versus Follower.
- G. Cheerful versus Depressed.
- H. Emotional Expressiveness versus Rigidity.
- I. Good versus Poor Emotional Control.
- J. At Ease versus Anxious.
- L. Good versus Poor Motor Co-ordination.
- N. Attentive versus Inattentive.
- O. High versus Low Creative Ability.
- P. Good versus Poor Performance Ability.
- Q. Good versus Poor Verbal Ability.
- R. Spontaneous versus Inhibited Verbal Communication.
- S. Little versus Much Verbal Aggression.
- T. Good versus Poor Task Persistence.
- U. High versus Low Interpersonal Sensitivity.
- V. Unrealistically High versus Low Self Concept.
- W. Exhibitionistic versus Not Exhibitionistic.
- X. Independent versus Dependent.
- Y. High versus Low n.Achievement.

II. PARENTAL ATTITUDE VARIABLES.

- AA. Accepting versus Rejecting Parents.
- BB. Permissive versus Strict Parents.
- CC. Nonchalant versus Over-Anxious Awareness of Problem.
- DD. Harmonious versus Hostile Interparent Relationship.
- EE. High versus Low Level of Parental Objectivity.

III. INTELLIGENCE TEST LEVEL. AGE AND SEX.

FF. Very Bright versus Very Dull.

GG. Older versus Younger.

HH. Boy versus Girl.

APPENDIX VIII. 1.

The complete proceedings of a boys' and of a girls' group will be described to illustrate the diagnostic opportunities this technique provides and the differential sex-linked responses evoked by an identical set of activities. Guidance on handling was not suggested as the Observer had no prior knowledge of the subjects' problems or behaviour disorders. Diagnostic profiles are offered at the end of the reports. Pseudonyms are used throughout.

DESCRIPTION OF THE GROUP BEHAVIOUR AND DIAGNOSTIC REPORTS OF A GROUP OF GIRLS.

KIM, aged ten years, is the eldest of three children. She has a sister of eight and a brother of sixteen months. Her problems are related to poor achievement motivation and excessive anxiety during school nights. She repeatedly calls for her mother and often spends the night sleeping in her parents' bed. This behaviour has culminated in a poor mother/child relationship. She is pessimistic about her work, discontented about her lot and demanding of attention. She also complains that friends frequently 'pick' on her and now has very few friends. At home she dominates her younger sister and is undemonstrative toward her mother. Her mother thinks she is bright; her attitude is one of 'acceleration' and she bemoans Kim's poor attitude to school.

Intelligence test level: Very bright.

SALLY, aged nine, has a brother of eleven years. Her mother finds her difficult to handle and appealed to the Clinic for help. Her parents are divorced but Sally visits her father during week-ends. At home she is untruthful and defiant. She has frequently witnessed unpleasant scenes between her parents and their 'friends'. Her mother has recently formed a close friendship with a man whom Sally strongly resents. Mother has been inconsistent in her discipline while she holds that their father encourages the children to tell lies.

Intelligence test level: Average.

JENNY, aged ten, has a sister of thirteen and a brother eight years old. She is very unhappy at school where she is unable to make friends and withdraws from their activities particularly since she has recently become 'victimized' by the girls. She is very poorly motivated in her schoolwork but reads a great deal possibly as an 'escape' mechanism. Since the onset of her problems she has had various psychosomatic complaints. Though an introvert her mother finds her affectionate and the siblings agree well. Jenny is extremely anxious that something dreadful may happen to her parents.

Intelligence test level: Bright.

ANDREA, aged ten years seven months, has two sisters, one thirteen and one six-and-a-half years, and a brother of three. Despite marked effort Andrea is coping very poorly at school and is at present repeating Std. II. She has no history of delayed milestones but now plays at the level of her six-year-old sister. She is a sweet-natured, happy child with no outside interests and limited task-persistence.

Intelligence test level: Very dull.

GROUP OBSERVATION

FIRST MEETING:

The girls all sat very quietly around the table and immediately became occupied with the play material. At first they modelled with pipe-cleaners and all appeared relaxed except Sally who glanced around eagerly, smiling rather nervously and appeared less task-involved than the others. They did not communicate verbally apart from simple requests to pass the scissors or the 'sticky-tape'. Jenny began to use the rest of the play material constructively and was immediately copied by Sally, while Andrea remained very limited in her selection of material. After about ten minutes of silence the Conductor enquired about their ages and the schools they attended. They all replied softly and politely and continued silently with their activities.

Jenny stood working at the table for the rest of the meeting and appeared very task-involved. Kim remained inactive and shy, at times merely sitting still, while Sally and Andrea played well but Sally repeatedly glanced at the Conductor. The Conductor again asked them what they enjoyed most at their schools to which Kim replied: "Friends"; Sally: "The teacher"; Jenny: "Sport"; and Andrea: "Arithmetic, also English and Afrikaans taal. My older sister speaks Afrikaans to the cook so that I won't understand." Throughout the whole meeting none of the girls communicated verbally with the others.

KIM was deft in her handwork and used a wide range of play materials; her products were considered fairly original though lacking in detail.

SALLY, though deft, produced objects which were poor in detail of execution and originality.

JENNY's mode of handwork appeared agile and dexterous. All her products were rated as original with good detail in execution.

ANDREA persisted well but seemed awkward and her products were definitely below her age level. She frequently copied others and often lost the thread of her own activity.

Comment: The complete absence of verbal interchange was puzzling. Are these girls inhibited, shy, over-socialised, unspontaneous, leaderless, dull or anxious ?

SECOND MEETING:

Puzzle game:

The girls appeared to have lost the excessive self-consciousness of the first meeting. They immediately tackled the puzzle and later showed marked group co-operation. Each one took her parts after

checking them methodically with Andrea the first to tack her piece on the Activity board correctly.

Jenny definitely took the lead, showing insight and understanding by realising where the parts fitted without frequent referral to the Demonstration board. She revealed her perceptual superiority by working fast, consistently, accurately and methodically to finish quickly.

Kim and Jenny engaged in soft conversation whilst Sally and Jenny occasionally glanced stealthily at the Conductor. Andrea appeared the outsider, making very poor progress and now often placed parts wrongly. At this stage Jenny asked the Conductor whether they could tack each other's parts on to the board. She immediately offered to help Kim who appeared to be plodding away. Sally lapsed into a passive reverie, showing very limited understanding but Jenny sensed her difficulties and responded to her apparent helplessness while Sally followed passively. Jenny gradually gained confidence, took the initiative and began to place everyone's parts. Kim again appeared unable to cope but her performance gradually improved in response to Jenny's encouragement.

Andrea's contribution was minimal. She took up a peculiarly inactive position on the side of the Activity board, holding a perfectly rigid stance for about twenty minutes. She showed a marked lack of facial expression, lack of initiative and only placed a few pieces correctly in a slow, deliberate manner. As the game continued her cognitive performance deteriorated and she began to place parts randomly but later attempted to correct this. She communicated very infrequently with the others, responding passively to Kim's assistance.

PSYCHODRAMA

'Family Outing':

Jenny took the lead, selecting the role of father; Kim took the role of mother, while the other two elected to be girls. They all seated themselves in the 'car', the mother and the father in the front seats. Kim immediately reprimanded Jenny about her style of driving. Jenny suggested that they should all go to a 'bar' where they drank wine, whisky, beer and brandy. After a spate of drinking all returned to the car and father, in his drunken state crashed. All the occupants fell out of the car, the police immediately arrived at the scene and arrested them. They were all led off to jail where the drinking orgy continued.

Comment: Jenny projected well, took the leading role and set a pattern that, when the law was broken, punishment must be meted out. Kim took the second lead, being over-shadowed by Jenny's originality and initiative. The other two girls definitely only followed in a very passive but co-operative manner. There is something very bizarre in this play theme which portrays a situation very far removed from the daily existence of these girls. It appears that Jenny could not accept the guilt feelings engendered by this socially uninhibited behaviour as she immediately conjured up an 'accident' and 'jail' as retribution to allay the guilt aroused by portraying her father as a 'drinker'.

'Disciplinary Mother': Jenny took the role of mother while the others played the roles of little girls returning from school. At first they all complied with the mother's instructions but suddenly Kim broke out into rebellious, mischievous behaviour. She pretended to cry, defied her mother's authority and showed a spirited lack of conformity. She complained the food was horrible and generally tried to be as cheeky as possible, making outlandishly humorous remarks.

Comment: Jenny's role as the task-leader and Kim's as the socio-emotional leader began to take shape in this act. Passive complicity of two companions now appeared established.

'Cinema Scene': Jenny and Kim chose roles of boys while Andrea and Sally portrayed girls. While all peeped out of the window, watching the rain, Kim suggested: "Let's slip out the back door and they can look for us". Jenny wished to defy their father's instructions but was not quite ready to accept Kim's open flaunting of authority. Later she succumbed to the general group pressure, and all four slipped out and ran off to the cinema. Jenny, feeling pangs of guilt remarked: "I heard Daddy talking to the manager", and pretended to be afraid. To ease her conscience, she suggested they should all run home quickly. Kim, however, presented an alternate solution. With a considerable amount of guile she suggested that they should not tell their father and pretend they had not been away. Sally and Andrea again contributed nothing positively.

'Injury Scene': Kim and Jenny again elected to be boys while the others remained girls. Kim immediately fell out of the tree 'hurting' her leg. Jenny, rather bossily, instructed the others to climb down and she set off 'post haste' to tell her 'father' who reprimanded her. Sally and Andrea now withdrew and became mere observers. Kim voiced dissatisfaction and disapproval of the dramatic scenes and many other things in general. She felt boys had many more privileges and when she became insolent to the father, Jenny instantly demanded an apology.

'Own choice scene': Jenny immediately adopted the role of teacher, while the other three were pupils. Here Kim's piquant sense of humour really came to the fore as she portrayed a miniature 'St. Trinian' in a 'Capey' accent. She taunted the teacher, completely disregarded her authority and poked fun at her. Jenny cross-questioned her about her manners: "Do your parents work all day ? Don't they teach you manners. Do you think manners can be taught in a few hours a day ?". Jenny strongly identified with the role of teacher imitating her voice and actions; all the while Kim rudely interrupted and blatantly sought out punishment and attention from her. Jenny severely reprimanded her but Kim continued with her hilarious performance. As play continued she became more and more cheeky, attempting now to disrupt the orderly classroom atmosphere by scornfully calling Sally 'teacher's pet'. Andrea and Sally again played merely supporting roles.

Comments:

KIM's actions indicated that she was unsure and dissatisfied with her own sex-role. She projected well, showed definite leadership qualities, a well-developed sense of humour and marked affiliatory needs.

The pattern of reaction to authority was one of 'getting away with it'. She possibly allayed some of her guilt feelings aroused by hostile reactions by seeking out self-punishment - a very frequent occurrence in her play-acting.

SALLY, despite her bright-eyed appearance, merely co-operated. She was easily led, grinned constantly, contributing nothing constructive but appeared to gain a girlish enjoyment from the group activity.

JENNY projected well but her performance, though a leader, was rather dominant and bossy, humorless and

hardly guaranteed to endear herself to her peers. She showed marked identification with authority figures (often a father) and coped with her aggressive impulses, which erupted every now and again, by 'identifying with the aggressor' and voicing adult views in a 'supergood' manner.

ANDREA was completely unable to project her feelings. She only managed to play a supporting, stolid, passive role.

THIRD MEETING:

Outdoors:

During the games the girls again spoke very little but co-operated very well.

KIM was more passive out of doors than anticipated. She was not interested and did not enjoy the games, put little 'zest' into her play and merely conformed though she was agile and well coordinated.

SALLY seemed slow in her reactions, gave a very reserved performance but was able to co-ordinate well. When she became more confident her play improved remarkably.

JENNY did not demonstrate the dominating leadership of the previous week but took a more task-oriented lead. She was motivated to win, persisted well, showed excellent motor co-ordination and generally appeared a keen 'games girl'. She often chose Kim, appeared popular with the others and presented as a good 'sport'. ANDREA now appeared more relaxed, smiling and spontaneous. Though awkward and a little clumsy she tried hard and appeared more able to cope with the activities but she was still considerably slower and less agile than her team-mates. Despite a good grasp of games, she lacked concentration but performed comparatively well thus enhancing her self-esteem.

'Classroom Scene': KIM was co-operative and conforming.

SALLY showed good and quick understanding of the task and appeared to enjoy being with other girls.

JENNY seemed very insecure. "I like so-and-so but I don't know if she likes me". She also showed a good and quick grasp of the task.

ANDREA appeared more friendly, chatted with the Conductor and felt accepted by the group.

ABSTRACTS FROM DIAGNOSTIC REPORTS

KIM:

Appeared reticent but not anxious in the group situation.

Social Behaviour: Her marked affiliatory needs soon overcame her initial withdrawal. She was co-operative and showed definite qualities of socio-emotional leadership. She ignored aggressive stimuli and possessed high frustration tolerance. A marked need for punishment showed in her play and she thoroughly enjoyed being the centre of attraction. She was popular with peers and felt accepted by the adult.

Task Behaviour: Kim lacked motivation and showed poor task persistence. Her behaviour was constructive and spontaneous in psychodrama only, where she excelled. She showed average sporting skill, but very little interest.

Self concept and extract from the Children's Questionnaire:

Kim was rated as confident especially indoors and proved the most popular member of the group while she rejected no one. She viewed herself as possessing no leadership ability, was unsure of whether she would like to be a boy or girl and chose to remain a child.

Maturity Rating: Emotionally and cognitively Kim was rated at the expected level for her age. After initial passivity, her social behaviour became constructive.

Interpretation: Kim's marked affiliatory needs, consistent with her ordinal position, appear to be unfulfilled in her home environment where she may be negatively perceived. In addition

her behaviour suggests persistence of marked dependence which may well have initiated dependency-anxiety which she tries to overcome by self-punitive behaviour. She also has not yet fully accepted her own sex-role. Her mother's 'acceleration' attitude has possibly led her to believe that acceptance is dependent on good performance. This has created anxiety and friction in the performance sphere and prevented her social and intellectual activities from reaching their optimal potential.

SALLY:

A rather nervous smile portrayed her uneasiness and general apprehensiveness in group situations. She appeared 'bright-eyed', cheerful and friendly.

Social Behaviour: Her passivity was gradually replaced by constructive responses. However, she seemed unable to cope with novelty and her performance was rated as below par indoors. Sally was interested and diligent but unspontaneous indoors, while outdoors her motor actions were well directed and of average skill.

Self concept and extract from Children's Questionnaire: In her task execution, Sally lacked confidence and had a poor self-image. She felt accepted by peers and Conductor and enjoyed the group experience. She proved the most unpopular member with unrealistic self-choices and poor social insight.

Maturity Rating: Emotionally, she was shy and withdrawn but not considered immature. Her cognitive performance was generally below her age level, while socially she was passive and unspontaneous.

Interpretation: Sally's problems may be directly related parents' marital disharmony. She lacks spontaneity and initiative and has very little incentive to work at school. The approval received from her father has served as intermittent reinforcement for the habit of lying. Her parents have in the past failed to create and sustain the necessary learning conditions for Sally to develop the accepted mores of society and to realise

the potential for enjoyment inherent in more mature interpersonal relationships.

JENNY:

Appeared reticent but cheerful and at ease after initial inhibition and mild anxiety.

Social Behaviour: Her social overtures were at first limited though she appeared to have marked affiliatory needs; when she felt more accepted her play became more constructive. Her social skills, however, were not such that she could suppress dominating needs which appeared in the guise of physical and verbal aggression in the psychodrama. Toward the Conductor she was generally co-operative and she showed considerable initiative and spontaneity.

Task Performance: Jenny possessed the cognitive flexibility to cope well with novel tasks. She remained interested, persistent and showed definite achievement- and autonomy needs. Outdoors she appeared agile, enjoyed play and established her popularity.

Self concept and extract from Children's Questionnaire: Jenny was rated as confident and realistic about her abilities but she felt unsure about peer relationships. She was realistic in her self- and peer choices and showed insight into her problems. She enjoyed the group experience and sociometric choices showed her to be second in popularity with no rejections.

Maturity Rating: Emotionally she appeared overcontrolled, inhibited and made excessive attempts at conforming, but she gave a more balanced performance outdoors. Cognitively she coped well while socially her initial passivity was replaced by constructive adaptation but often dominance.

Interpretation: Jenny's problems possibly stem from a poor father/child relationship. His overweening authority has engendered marked suppression of her aggressive impulses and resulted in aggression-anxiety. The psychosomatic symptoms may be

related to the latter; also her marked fear of harm to parents portrays guilt, while her aggressive needs are displaced to peer situations where her 'bossiness' makes her unacceptable in social circles. Her parents generally expect too high a degree of social conformity (particularly annoyed by carelessness of possessions and clothes and untidiness). Jenny's play indicates that she copes with the demands of her parents and her own aggressive drive by marked identification with authority figures and generally she has developed overstrict, rigid, 'superego' behaviour which may contribute to her poor peer relationships outside the clinic.

ANDREA:

A serious stolid girl whose posture lacks girlish suppleness. She has a very conforming and unspontaneous facial expression but not surly or anxious.

Social Behaviour: Andrea was shy and withdrawn in her peer behaviour. Passive conformity was the keynote in her social interactions which were motivated by dependency- and deferential needs. She established minimal emotional bonds with peers but felt accepted by the Conductor.

Task Behaviour: Though interested, she possessed a short work span, poor concentration and limited persistence. Cognitively her performance was rated below par. She needed encouragement to play indoors but showed marked improvement in attitude to play-tasks outdoors where she joined spontaneously, was well motivated and enjoyed the games, though she concentrated poorly.

Self concept and extract from Children's Questionnaire. Andrea was rated as markedly timid and lacking confidence at indoor tasks but more confident outdoors. She was the third most popular member of the group. She made realistic self-choices, enjoyed the group experience, but chose to remain a child.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Kim.....

Variable		Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis. high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Sally.....

Variable	Graded Scale					
	1	2	3	4	5	
A. Withdrawn						Outgoing
B. Social rigidity						Social flexibility
C. Unpopular						Popular
D. Unco-operative						Co-operative
E. Poor relationship with C						Good relationship
F. Follower						Leader
G. Depressed						Cheerful
H. Emotional rigidity						Emotional expressivn.
I. Poor emotional control						Good emot. control
J. Anxious						At ease
K. Physically aggressive						Kind, protective
L. Poor motor co-ordination						Good co-ordination
M. Hyperkinetic						Normal activity
N. Inattentive						Attentive
O. Low creative ability						High creativity
P. Poor performance ability						Good P. ability
Q. Poor verbal ability						Good V. ability
R. Inhibited speech						Spontaneous speech
S. Much verbal aggression						Little V. aggression
T. Poor task persistence						Good T. persistence
U. Low Int.Per. sensitivity						High Int.Per. Sens.
V. Low self concept						Unrealis.high S.Con.
W. Not exhibitionistic						Exhibitionistic
X. Dependent						Independent
Y. Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Jenny

Variable		Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis. high S. Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n. Achievement						High n. Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Andrea.....

Variable		Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis.high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

DESCRIPTION OF THE GROUP BEHAVIOUR AND DIAGNOSTIC
REPORTS OF A GROUP OF BOYS.

BASIL, aged ten years ten months, has two brothers aged sixteen and fourteen and a sister of nine years. He is at present not doing well at school. Frequent canings by a 'sadistic' teacher have resulted in a period of bedwetting. He is often teased and called 'hollow head' at school. At home he has severe temper tantrums, is very headstrong and often fights with siblings. He has very few friends - a lone wolf - and generally feels the 'world is against him'. Father sees him as below average and not up to the standard of elder brothers. He is very affectionate with his mother and older women.

Intelligence test level: Average.

PHILIP, aged ten years nine months, has a sister of eight and a brother of five years. At the age of four he spent two days in hospital during which his mother did not visit him. Philip's attitude to school and his standard of work is very poor. He makes no effort and doesn't care if he should fail. He demands a great deal of his mother's time and attention. When reprimanded he cries easily and is a 'tell-tale'. His peer relations are poor; he complains that others tell secrets about him, while at home the siblings constantly fight.

Intelligence test level: Average.

IAN, aged ten years ten months, has a sister of eight and a brother of five years. He is idolised by his father who refuses to discipline him, constantly excuses all his misdemeanours and grants all his wishes indiscriminately. His father considers him brilliant and usually 'babies' him. He does not take part in sport as he is afraid of being hurt and his father refuses to let him join the Scout movement. He is wilfully disobedient, highly strung and is making very poor progress at school where he appears very poorly motivated. His mother is at the end of her tether in view of the father's unrealistic child rearing practices and Ian's constant flaunting of her authority. Ian has a good relationship with siblings, peers and maternal grandmother.

Intelligence test level: Bright.

SANDY, aged nine years: his family constellation comprises a sister of six, a brother of five and a sister of two years. His past medical history reveals he had asthma as an infant and was accident prone. His difficult behaviour dates back to the birth of the second sibling when Sandy was three years old. Up till that period the household had rotated around him, including, apart from the adoration and anxious care of his parents, the overindulgent attention of his grandmother showered on the first grandchild; a pattern which persisted after the birth of the other grandchildren. Sandy now presents as a very demanding and selfish child, an extremely faddy eater, cheeky and defiant towards his parents. When reprimanded he cries easily and is very restless at home. In his peer relations he is 'bossy', doesn't mix well and is attention-seeking though there is no friction with siblings. Both parents find him difficult to handle and are afraid to discipline him. He is poorly motivated in his school-work. His father is hypochondrial, very anxious and overprotective.

Intelligence test level: Bright.

GROUP OBSERVATION.

FIRST MEETING:

While the boys were in the waiting room, Philip, with his clothes in disarray, jumped around wildly, drawing everyone's attention and openly ignored his mother's remonstrations. Later in the demonstration room, he joined the others quietly at the table where they all began to play with their play material. Basil immediately voiced his disapproval: "I didn't want to come here, this is a mad place." Philip soon appealed to the Conductor for help to which Ian readily responded with advice. While the others were busy working, Sandy glanced shyly and surreptitiously at the Conductor, all the while playing unproductively with pipe-cleaners on his lap.

Ian very soon completed an 'animal' from the pipe-cleaners Philip impulsively burst forth: "I don't like school - I don't suppose Ian does either." Ian: "Why does your mother make you go?" Basil interjected: "Kill your

mother - force her - cut her neck off." Ian: "I am not that mad. I suppose Basil doesn't talk to his mother like that. We have a mad teacher." Basil, cheekily: "She should come here." Philip responded: "You're putting an idea into my head." Ian: "No wonder you have such a big head. I am not good at art." Basil, holding up a semblance of a fishing rod said to all: "How do you like my flop ?" Ian: "It's not bad. Why don't you make a reel ?" Then addressing the Conductor: "Are those notes on us ?" he asked. The Conductor responded with vague remarks.

Basil found a bead in his box and said: "Let's play marbles" and immediately shot the bead across the table. Ian in a rather patronising manner: "You're not that mentally deficient. Stop getting a craze from X" (name of a school). Ian now changed the subject: "I got into trouble with my teacher. I missed my exam. I am either mentally deficient or I had mumps." Then, for the first time, Sandy spoke: "I had an abscess in my ear." Ian: "Are you deaf like me ? That's why I left X"

Philip, becoming restless, left the work table and wandered over to the cupboard where he noticed the tape recorder: "What are you taping ?" The Conductor again responded non-committantly. Ian enquired: "Can I come every Wednesday ? If I know anyone mad beside my mother, it's him (Philip). There should be an Adult's Guidance Clinic. My mother should go. In the family I am regarded as a low-lying dog. I don't know why I am coming here." Sandy suggested: "I know", Ian: "Why ?": Sandy then retracted: "I don't know."

Basil, looking intently at Philip's short hair remarked: "Philip looks as if he has just come out of jail." Basil then fitted two pieces of crepe 'streamers' at

right angles over his head and said: "I have a hot-cross-bun kop" (head). Sandy again reverted back to his illness: "I missed two weeks at school, I should be in bed today." Philip, now busy with his box, appealed to everyone in general and asked: "Where shall I write ?" Sandy immediately retorted: "On your kop; your hair is short enough." Philip then entered the duel: "I'll murder you just now. I've made a double-barrel shot-gun." The Conductor moved to the opposite side of the table. Sandy glanced up and said: "Why are you moving ?" This stimulated Ian's curiosity anew and with unusual insight, he asked: "What do you want to know about us ?" The Conductor laughed it off. While Philip was busy making a machine-gun Ian decided to copy him: "Thanks for the idea." Philip then shaped a 'crocodile' and made some childish remarks to which Ian responded rather disparagingly: "He is dim - from Dimland."

The Conductor announced that they only had about another ten minutes left to play. Sandy wanted to leave immediately and Basil got up and assumed an aggressive stance. Sandy began to doubt whether he was enjoying the meeting, or the company, remarked generally: "I might not come next week."

Basil continued to make models on his head. Ian, again with unusual insight, remarked: "You're a nice girl." Basil discussed a boy who giggled; his wrath was very quickly raised by some chance remark or action of Philip's. He immediately walked over to Philip and kicked him. Philip retaliated by pulling his ear. Ian then interposed: "Basil is a 'hellova' childish chap", and Sandy interjected with: "You've gone mad." At this stage the meeting was called to an end; the boys were asked to place their products on the boxes and leave the room in an orderly manner.

Comments: The products of all the four boys were considered poor to fair in originality, but poor in detail and execution.

BASIL appeared to be an extremely aggressive boy, verbally abusing his mother and also group members. He presented as surly and suspicious with very poor task persistence and poor achievement strivings. He was accepted in the group, but not a leader. Physically, he appeared clumsy and awkward.

PHILIP was a childish, strange looking boy with very short hair which frequently aroused teasing. Though uncontrolled in the waiting room, he was at first prepared to accept authority in the group setting. He was very unproductive and showed poor task concentration. Playfully aggressive at times, he appeared dependent on Conductor and lacked confidence. He projected his dislike for school on to Ian. Generally uncontrolled and undisciplined, he was fairly good natured when others teased him.

IAN presented as a spontaneous chatty alert boy, frail looking and attractive. He had a very poor self-image, lacked confidence and also a poor idea of his mother's sanity but marked socioempathy. He enjoyed being the centre of the group; praised the efforts of others and co-operated well. He refused to be drawn into aggressive play but teased verbally to offset physical threats.

SANDY at first appeared shy and worked independently. Though gradually drawn into the conversation he was not really accepted or integrated into the group. He became more relaxed toward the end of the meeting and later slightly insolent and rude toward the Conductor. Unproductive work.

SECOND MEETING:

At first the boys carefully surveyed the task. Ian, glancing at the Demonstration Puzzle Board, remarked diffidently: "This is going to be difficult." Philip tried in vain to fit a part: "Where's the cat's bum ?" and later: "Is there a blue cat ?" Ian, again showing greater person-orientation than task-involvement, addressed himself to Philip: "What school do you go to ?" Philip: "Y". Ian immediately retorted: "Typical of a 'Y' boy." Basil, feeling a little lost, soon also appealed to the Conductor for help.

Ian, who gradually became keen to compete with the 'previous group' approached the Conductor: "How long have we taken now ?" He remained task-involved and very enthusiastically praised the others when successful: "Well done, that's a great achievement for you." Philip did not make any progress and began to complain: "I don't know where it goes. I have no suitable places." Sandy taunted him: "Because you are a nit-wit." He too, fitted none and was only chatting at this stage. Later, he grasped the task better and helped Ian who voiced his appreciation: "We have a brilliant person here."

In the meantime, Philip and Sandy turned on Basil and called him a 'Bushman'. Basil retaliated by hitting Sandy. This aroused Ian's social conscience and he admonished the group: "This is not a play school." Sandy gradually lost interest and dawdled around in a very unconstructive manner. Ian completed his own task first and asked the Conductor: "How long is it ? Is this all we're going to do ?" "No." "Good," responded Ian and stood aside, passing 'ad lib' remarks. Sandy realising that he was falling behind, again attended to the task using uninhibited language freely.

Ian, rather pleased with himself, addressed the others:
 "you chaps are mental."

Time seemed to be running out and Philip became anxious: "How many seconds have we got, come and help me someone." Ian now responded with his usual social alacrity, joined the group and helped with placing parts. Basil and Philip became very despondent because of their obvious inefficiency. Sandy finished second, followed finally by Basil and Philip.

Comments:

BASIL was very resentful about coming to the Clinic and very negativistic generally. His performance was very inefficient and unproductive. Though motivated he became easily distracted, often displayed very aggressive and immature behaviour and spoke very roughly.

PHILIP appeared to have no impulse control and showed many immature patterns of behaviour and low frustration tolerance. He was very dependent and unproductive throughout, working at the trial and error level. He constantly sought attention and showed little task-involvement.

IAN displayed definite achievement motivation and independence; he finished first. Not group-oriented as he withdrew when he finished his task, but quick to praise others. Uninhibited, frank and friendly, he felt accepted and behaved in a more mature manner than others. He was mildly critical of the group, and appealed to them to participate.

PSYCHODRAMA:

Generally the boys made not the slightest attempt to project their feelings indirectly through the offered medium. They behaved uninhibitedly and often aggressively. Only very brief bickering and a few interludes will be cited to give the reader the essence

the boys' communications. A subjective description of their activities is, in fact, more revealing than a blow-by-blow report in conveying the formless chaos which prevailed.

In the first two scenes Basil portrayed the role of 'mother'. He acted very aggressively while the others merely complied without any projection.

'Cinema scene':

Basil chose the role of a girl which caused Philip to taunt him: "Let's kiss the girl." Ian followed suit and said to Basil: "Hullo Julie - let's go." Sandy tried to make constructive suggestions: "Let's borrow his umbrella, or wear a costume; what else can we do." Philip remarked with some insight: "Basil likes to act like girls to make girls kiss him." Basil, defensively replied: "I have two, two hundred, two million girl friends." He withdrew, sat pouting and refused to participate in the subsequent active 'horse play' of the others.

'Injury scene':

Philip soon found the theme uninteresting and remarked: "It's boring, let's kiss the girl." Ian suggested: "Philip can fall and break his leg", but Philip resisted. Ian and Philip formed a sub-group and played together. Sandy felt rather out of the game and remarked: "This is an overgrown clinic." Basil retorted: "This is not a clinic, it is a madhouse." After this complete chaos again reigned.

'Own choice scene':

Philip again immediately found the suggested themes 'feeble'. Ian playfully responded: "This is 'lekker' fun. Can we borrow a soccer ball?" He took a ball and began to kick in the room with Basil joining in. Ian gradually began to show a marked preference for Basil's company.

Comments:

BASIL showed excessive aggression and bossiness in the first two scenes. Later, on being teased, he withdrew and watched others in a morose manner. He disliked the Clinic and was very derogatory in his remarks. He appeared to have some sex-role identity problem; retaliated sharply against attacks from peers and showed no sense of fairplay.

PHILIP was unacceptable in the group. He made many extrapunitive remarks and was almost hysterical in his taunting and asking for retaliation. He was markedly regressive and exhibitionistic in the permissive climate and showed heterosexual interest.

IAN enjoyed play. He was mischievous and initiated a activity but he lacked confidence generally. He showed a marked admiration for Basil - almost hero worship. Some leadership ability. Not aggressive but he stood up well to aggressive acts from others. Empathic with adult and voiced adult values. The most co-operative member.

SANDY made very constructive remarks, but a passive follower rather than an initiator of activity. He flaunted authority but was the most submissive member of the group.

THIRD MEETING:Outdoors:

Basil and Ian showed marked reciprocal liking. In the first game, 'Leggy', Basil proved to be very agile. Philip appeared slightly inco-ordinate, aiming the ball very inaccurately. Tension mounted as the game proceeded and Ian voiced his anxiety: "Gee, I feel nervous." Philip, on the losing side, became aggressive, and yelled at the opposition: "Open your measly legs", and made similar derogatory remarks. The game

ended with Basil and Ian winning which aroused further aggressive remarks from Philip with the words 'overgrown ape' predominating.

During the second game, 'Eggy', Basil again proved to be outstandingly good at sport, but he tried to confine his play to Ian. During the game he quite openly ate sweets without sharing. Philip enquired: "Who's winning so long - I'll bet you I lose." Sandy showed up as a good sport but Philip proved unpopular and frequently complained. He was openly rejected and decided to take a sweet out of Basil's pocket. Basil immediately reprimanded and kicked him. Sandy and Ian were eliminated from the game, leaving Basil and Philip who forthwith abandoned the game.

On being instructed to select teammates for 'Soccer' Ian immediately called out: "Me and Basil of course." Philip rejected his partner, Sandy: "I don't want to play with that der." Sandy, however, manfully tried to improve his image: "I might be der for that, but not for soccer." Basil and Ian soon ran away with the field. Philip raised an objection to one of their goals and appealed to the Conductor to cancel one point. He annoyed Basil who remarked scathingly: "Shut up, you do not know how to play the blooming game."

Ian played with good sportsmanship, honesty and fair judgement. He encouraged his partner, Basil. Philip became more and more aggressive and uncontrolled as the game proceeded. He pointed out that the score could not be valid as the teams were unevenly matched. He and Sandy were doing very badly. Sandy repeatedly encouraged Philip: "Go for him - then you blame everything on me." Sandy tried very hard, not only to excel in the game but also to gain favour with the dissatisfied Philip. Philip, who was possibly afraid to tackle the agile Basil, fell, grazed his knee and began to cry.

Basil laughed openly at his opponent's bad luck but Ian ran up to him and showed sympathetic interest in his plight. Later, Philip recovered sufficiently to participate in the final game.

The boys separated into the same teams for 'Scoop' with Philip and Sandy taking the field first. Ian admonished Philip to 'give your friends a chance', while Basil gloated as they lost points.

Classroom scene:

The boys co-operated well. When finished, Basil drew a row of crosses on his questionnaire and said they represented kisses for the Conductor and guiltily dashed from the room.

Comments:

BASIL displayed extreme aggression and selfishness and was surly on the whole. Very good at ball games, where he showed exceptional agility. Paired throughout with Ian who reciprocated this preference. Scathingly sarcastic about the others' performance and gloated with glee when they lost. Very rough in his language; dominant but not a leader. 'Affection' for Conductor. PHILIP was moody and changeable. He reacted very badly to being rejected while he, in turn, rejected Sandy with numerous derogatory remarks. Clumsy and awkward; he stopped when he felt bored and later, when his side lost, he readily gave up. He possessed a very low frustration level and proved a poor 'sport'. Immature behaviour when hurt. Very aggressive, he kicked and hit other boys without any obvious provocation. He complained very frequently and rationalised when he lost. IAN performed extremely well out of doors; he enjoyed physical activity and was good at all games. He showed initiative and a little leadership, was fair, considerate and a good sport. Assertive but not aggressive. He showed a marked preference for Basil. He encouraged

his team mate and showed kind interest when Philip hurt himself. Very good loser and winner and well motivated. Pleasing boyish behaviour.

SANDY appeared good-natured as he tried very hard to please and encourage the disagreeable and dissatisfied Philip. He showed definite affiliatory needs, performed well though not vigorously and showed a good sporting spirit.

ABSTRACTS FROM DIAGNOSTIC REPORTS

BASIL:

His behaviour reflected a general dissatisfaction with himself and defiant aggression toward his environment. Though generally hostile and surly he was friendly at times.

Social Behaviour: Basil was markedly aggressive in speech and action, often dominating and disrupting group activities; at other times he was independent. He withdrew when situations became intolerable. Basil appeared accepted by peers; though co-operative with Conductor, he was often defiant and suspicious. Basil's responses to interpersonal situations usually alternated between aggression and regression but later, he became co-operative in group situations. He appeared to have a sex-role identification problem.

Task Orientation: Basil was easily distracted, fidgety and awkward in the indoor tasks but keen and spontaneous outdoors, where he showed excellent sporting ability and marked achievement motivation but a poor 'sport'.

Self concept and extract from Children's Questionnaire: Basil lacked confidence and did not feel himself part of the group. However, on sociometry he proved more popular than Ian. He was realistic in his self-choices, saw Ian very favourably but was very critical of Philip.

Maturity Rating: Indoors, Basil was moody and immature emotionally but he acted at his age level outdoors. Socially he was consistently maladaptive.

Interpretation: Basil's defiant behaviour appears related to marked unbridled displaced aggression which has resulted in his having few friends. He has marked affiliatory needs and possibly experiences some anxiety about this. His parental models have not allowed him to acquire a strong sex-role identity which may further engender anxiety. Poor verbal ability, a mediocre school performance and a brighter older brother have contributed to a poor self-image and frustration on all fronts.

PHILIP:

Philip appeared fairly cheerful but frequently complained and readily sulked. Not anxious.

Social Behaviour: Philip's peer relationships were very poor in the group. Apart from marked verbal and physical aggression he was unco-operative, attention-seeking, disruptive and withdrew or became aggressive in frustrating situations, yet he showed definite affiliatory needs and dependence on the Conductor.

Task Behaviour: Novel task situations always evoked regressive responses. He showed limited attention-span, lack of interest and poor task persistence which resulted in a cognitively poor performance. He was excessively fidgety, awkward and showed poor motor control but was keen to win.

Self concept and extract from Children's Questionnaire: Philip was rated as vacillating between lacking confidence and occasionally appearing overbold. On sociometry he was the most unpopular boy. He portrayed a poor self-image, was not well liked and 'hated' being with boys at the Clinic.

Maturity Rating: His emotional level of play was immature as he displayed tantrums, sulked and cried. Cognitively he performed below his age while socially he was poorly adjusted being aggressive, argumentative, dissatisfied, resistant and withdrawn.

Interpretation: Philip's early history and his mother's attitude suggest a very poor mother/child relationship of fairly long standing. His poor peer relationships, too, show that he may well not have mastered earlier ego-crises in his social-emotional development. His emotional maturity is well below his age level. His relationship with his mother will have to be radically modified, and his social behaviour will have to undergo marked retraining to achieve the self-esteem and feelings of security to meet peers on an equal level. His father appears to have failed in giving him and his mother the necessary psychological support or in allowing Philip to form strong identification bonds.

IAN:

A cheerful happy boy who possessed the ability to get on with peers.

Social Behaviour: He refused to be drawn into fighting but retaliated verbally. Ian was helpful and co-operative in group situations, showed some leadership ability and enjoyed attention and the company of peers. He possessed marked social insight and established a very good relationship with the Conductor.

Task Behaviour: Ian's attitude to the tasks, though initially somewhat hesitant improved and he later joined in spontaneously. He appeared well motivated and possessed average motor skill.

Self concept and extract from Children's Questionnaire: Ian was rated as lacking confidence in indoor tasks. He felt accepted in group, proved the second most

popular boy with a marked liking for Basil. He made realistic self-choices but would like to remain a child.

Maturity Rating: On the whole exceptionally well-balanced and even-tempered. Cognitively, he performed at his age level while socially he was very well adapted and markedly perceptive.

Interpretation: Ian's reported behaviour may be quoted as a classic example of learning by repeated reinforcement of negative social behaviour patterns mediated by a fond, indulgent, unrealistic, overprotective, unsightful parent. His group behaviour gave very little indication of the problem areas in his social adjustment. This suggests that his negative behaviour may be readily corrected by encouraging his father to perceive him more realistically, to discipline him and positively reinforce obedience and interest in his school work.

SANDY:

Initially, Sandy appeared a little anxious but on the whole expressed little emotion.

Social Behaviour: He was generally passive and seemed unsure how to view the group activities and was only very gradually accepted. Though co-operative, he behaved independently but enjoyed and sought the company of peers and showed he was able to play constructively.

Task Behaviour: Sandy generally conformed but was not fully involved nor very spontaneous indoors. Average motor skill but better performance outdoors.

Self concept and extract from Children's Questionnaire: Sandy was rated as lacking in confidence. Third most popular boy. Some unrealistic choices, such as 'can be the leader' and wants to remain a child, but further favourable self-choices.

Maturity Rating: Emotionally and cognitively, Sandy appeared at his expected age level but his social responses were passive.

Interpretation: Sandy's marked affiliatory needs previously nurtured by his family environment are now being frustrated. This resulted in marked dissatisfaction voiced on every occasion. His dependency, too, previously so readily accepted appears now not really tolerated. His parents have not engendered or encouraged autonomy strivings during his early childhood yet they now expect him to exhibit this drive. He has developed a certain amount of anxiety about his dependency needs and this coupled with lack of consistency in parental discipline and the parental overanxiety, have hampered Sandy's successful mastery of earlier nuclear crises. His present feeling of insecurity have interfered with peer relationships and stunted his achievement strivings and realisation of his intellectual potential.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Basil.....

Variable		Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis.high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Tan.....

	Variable	Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis. high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Philip.....

Variable		Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis.high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

APPENDIX IV. 2.

BEHAVIOURAL PROFILE BASED ON DIAGNOSTIC GROUP OBSERVATION.

Name: Sandy.....

	Variable	Graded Scale					
		1	2	3	4	5	
A.	Withdrawn						Outgoing
B.	Social rigidity						Social flexibility
C.	Unpopular						Popular
D.	Unco-operative						Co-operative
E.	Poor relationship with C						Good relationship
F.	Follower						Leader
G.	Depressed						Cheerful
H.	Emotional rigidity						Emotional expressivn.
I.	Poor emotional control						Good emot. control
J.	Anxious						At ease
K.	Physically aggressive						Kind, protective
L.	Poor motor co-ordination						Good co-ordination
M.	Hyperkinetic						Normal activity
N.	Inattentive						Attentive
O.	Low creative ability						High creativity
P.	Poor performance ability						Good P. ability
Q.	Poor verbal ability						Good V. ability
R.	Inhibited speech						Spontaneous speech
S.	Much verbal aggression						Little V. aggression
T.	Poor task persistence						Good T. persistence
U.	Low Int.Per. sensitivity						High Int.Per. Sens.
V.	Low self concept						Unrealis.high S.Con.
W.	Not exhibitionistic						Exhibitionistic
X.	Dependent						Independent
Y.	Low n.Achievement						High n.Achievement

Subjective impressions and interpretation of behaviour.

N	O	P	Q	R	S	T	U	V	W	X	Y	AA	BB	CC	DD	EE	FF	GG	HH

33	-																		
57	63	-																	
34	37	48	-																
11	01	-01	41																
04	16	11	-15	-58	-														
81	39	66	31	08	08	-													
22	02	14	33	48	-14	27	-												
-06	01	-10	-09	-16	06	-05	-32	-											
-06	-12	-05	33	68	-59	-08	41	-06	-										
56	38	58	47	16	-09	54	14	-09	09	-									
48	31	45	49	37	-14	46	37	-04	14	58	-								
05	05	06	15	03	15	14	03	-19	-06	17	10	-							
-18	-03	-16	09	12	-08	-01	18	-09	07	01	08	29	-						
-29	-31	-43	-32	01	-10	-27	-23	07	-08	-32	-18	-18	-03	-					
04	-18	08	08	-15	01	-08	-05	-08	-16	07	10	19	-22	-09	-				
-17	-07	-15	-14	-09	18	-09	01	-09	03	-27	-23	06	11	23	-03	-			
48	42	50	48	00	04	44	03	-02	03	42	23	05	01	-41	-06	-08	-		
14	10	02	05	26	-10	18	39	-15	01	19	32	-16	-03	-05	05	-09	-16	-	
-17	-06	02	03	11	-18	-08	00	16	09	01	-05	08	10	09	02	-11	04	-19	-

APPENDIX IX. 2.

PRINCIPAL FACTOR MATRIX

Factor Numbers										
	1	2	3	4	5	6	7	8	9	
1	70	-44	-23	12	03	22	10	01	01	A.
2	87	-09	-09	-06	16	10	17	-09	02	B.
3	43	-07	-19	-22	04	-23	18	42	-02	C.
4	69	26	-42	13	06	11	04	-05	-12	D.
5	59	05	-44	06	01	25	07	-02	-11	E.
6	77	-25	22	-11	06	01	-05	00	-14	F.
7	54	-23	-56	-01	-06	06	-15	18	16	G.
8	70	-42	-09	24	14	11	-04	-10	03	H.
9	52	55	-15	-11	12	01	01	-12	-13	I.
10	50	-20	-23	18	-32	-29	16	-20	-07	J.
12	70	24	07	-02	-05	04	-41	29	05	L.
14	70	35	11	-10	-22	11	-17	-09	32	N.
15	51	36	06	22	-16	-34	17	11	-26	O.
16	61	46	33	07	-09	-15	24	01	04	P.
17	64	-10	28	12	17	-06	15	16	08	Q.
18	46	-72	11	-03	-04	02	00	-02	-04	R.
19	-08	62	-47	02	18	-07	05	-04	03	S.
20	71	37	08	-03	-12	-02	-24	-19	17	T.
21	54	-39	-16	-26	05	-20	01	-12	07	U.
22	-16	10	03	32	-17	31	-09	-06	-12	V.
23	25	-72	24	12	-03	-06	09	06	15	W.
24	65	26	40	-08	02	04	-06	-10	-13	X.
25	63	-05	27	-16	-04	05	-10	-12	-04	Y.
26	16	11	03	-02	66	-05	-06	-01	00	AA.
27	03	-21	05	13	41	-34	-44	-07	-16	BB.
28	-41	-23	-08	-02	-14	04	-16	-14	02	CC.
29	-07	15	22	-35	30	29	33	-09	14	DD.
30	-22	-06	-22	07	10	-39	09	-31	31	EE.
31	46	29	25	38	-02	-08	06	02	19	FF.
32	23	-11	-02	-57	-24	-11	-03	-17	-24	GG.
33	-03	-16	16	33	13	15	08	-18	-19	HH.

Decimal points have been omitted.

APPENDIX IX. 3.

TRANSFORMATION MATRIX (LAMBDA)

Factor Number	Factor Number								
	1	2	3	4	5	6	7	8	9
1	36	07	-12	-09	-11	-08	-14	-03	02
2	-65	32	10	-10	-05	-12	-08	-01	-02
3	38	-15	79	04	10	11	05	02	15
4	11	17	-40	12	-46	23	33	-25	52
5	-02	63	-11	78	72	11	04	08	05
6	-02	-20	04	-22	38	48	04	18	-03
7	18	07	-12	-28	17	-01	25	90	-05
8	-45	-17	28	12	04	41	-86	19	-08
9	-23	-61	-29	-47	26	-71	-25	23	83

Decimal points have been omitted.

APPENDIX X. 1.

REFERENCE VECTOR STRUCTURE

CORRELATIONS OF VARIABLES WITH ROTATED REFERENCE VECTORS.

No. of Variable	Factor Number									Variable
	1	2	3	4	5	6	7	8	9	
1	47	-06	-36	-08	-01	09	00	08	04	A.
2	39	12	-21	-04	11	-07	-01	16	-00	B.
3	-03	02	-02	02	01	-02	-45	23	-18	C.
4	-01	31	-42	-03	-13	01	-00	-04	-08	D.
5	06	16	-40	-09	-05	09	-01	03	-13	E.
6	53	03	14	07	00	07	-09	-06	-11	F.
7	-02	-14	-49	-12	-09	-10	-32	-08	04	G.
8	54	02	-33	06	-04	03	08	-09	16	H.
9	-15	39	-08	01	00	-09	-01	-03	-17	I.
10	39	-02	-36	-23	-49	-20	20	-04	01	J.
12	-09	-04	12	-01	-14	01	-48	-31	04	L.
14	-00	-23	00	-41	-10	-34	-20	-08	23	N.
15	05	29	02	-01	-45	02	-02	-02	-10	O.
16	09	10	17	-19	-15	-15	-05	15	11	P.
17	35	03	07	05	05	01	-14	14	17	Q.
18	68	-21	-01	01	-02	07	01	-00	-01	R.
19	-59	38	-35	05	03	-16	-01	02	-04	S.
20	05	-01	-03	-23	-18	-32	-07	-24	16	T.
21	40	-05	-19	-01	03	-26	-05	01	-07	U.
22	-04	-01	-01	-08	-18	27	18	-15	06	V.
23	61	-33	00	-02	-00	00	00	09	23	W.
24	27	15	31	-00	-02	01	-01	-08	-07	X.
25	38	-04	19	-07	-00	-05	-04	-08	-05	Y.
26	-02	46	-04	51	43	01	-02	-01	02	AA.
27	16	35	-01	61	-00	03	05	-50	00	BB.
28	-00	-18	-04	-04	-05	-01	13	-15	-00	CC.
29	-01	02	21	-04	59	-03	03	48	-04	DD.
30	-02	02	-39	-01	-02	-50	25	01	29	EE.
31	07	03	-03	-11	-19	-12	-00	-02	39	FF.
32	21	-06	21	-13	-04	-11	-03	-01	-48	GG.
33	32	18	-03	17	-01	26	36	-04	04	HH.

Decimal points have been omitted.

APPENDIX X. 2.

REFERENCE VECTOR STRUCTURE

WITH NON-SALIENT VALUES LESS THAN '.25 SUPPRESSED.

No. of Variable		Factor Numbers									
		1	2	3	4	5	6	7	8	9	
A.	1	47	0	-36	0	0	0	0	0	0	A.
B.	2	39	0	0	0	0	0	0	0	0	B.
C.	3	0	0	0	0	0	0	-45	0	0	C.
C.	4	0	31	-42	0	0	0	0	0	0	D.
E.	5	0	0	-40	0	0	0	0	0	0	E.
F.	6	53	0	0	0	0	0	0	0	0	F.
G.	7	0	0	-49	0	0	0	-32	0	0	G.
H.	8	54	0	-33	0	0	0	0	0	0	H.
I.	9	0	39	0	0	0	0	0	0	0	I.
J.	10	39	0	-36	0	-49	0	0	0	0	J.
L.	12	0	0	0	0	0	0	-48	-31	0	L.
N.	14	0	0	0	-41	0	-34	0	0	0	N.
O.	15	0	29	0	0	-45	0	0	0	0	O.
P.	16	0	0	0	0	0	0	0	0	0	P.
Q.	17	35	0	0	0	0	0	0	0	0	Q.
R.	18	68	0	0	0	0	0	0	0	0	R.
S.	19	-59	38	-35	0	0	0	0	0	0	S.
T.	20	0	0	0	0	0	-32	0	0	0	T.
U.	21	40	0	0	0	0	-26	0	0	0	U.
V.	22	0	0	0	0	0	27	0	0	0	V.
W.	23	61	-33	0	0	0	0	0	0	0	W.
X.	24	27	0	31	0	0	0	0	0	0	X.
Y.	25	38	0	0	0	0	-0	0	0	0	Y.
AA.	26	0	46	0	51	43	0	0	0	0	AA.
BB.	27	0	35	0	61	0	0	0	-50	0	BB.
CC.	28	0	0	0	0	0	0	0	0	0	CC.
DD.	29	0	0	0	0	59	0	0	48	0	DD.
EE.	30	0	0	-39	0	0	-50	25	0	29	EE.
FF.	31	0	0	0	0	0	0	0	0	39	FF.
GG.	32	0	0	0	0	0	0	0	0	-48	GG.
HH.	33	32	0	0	0	0	26	36	0	0	HH.

Decimal points have been omitted.

APPENDIX X. 3.

VECTOR COSINES

(MAXIMUM COSINE ALLOWED BETWEEN VECTORS IS 0.866)

INTERCORRELATION AMONG REFERENCE VECTORS.

Factor Number	Factor Number								
	1	2	3	4	5	6	7	8	9
1	-	01	07	05	-09	08	55	-00	-03
2		-	-12	76	11	31	34	-15	-40
3			-	10	12	32	-29	-00	-35
4				-	28	41	02	-34	-27
5					-	01	-14	46	01
6						-	-05	-05	-49
7							-	-06	03
8								-	01

.. Decimal points have been omitted.