A SOCIAL INTEREST SCALE FOR PATIENTS IN GROUP PSYCHOTHERAPY[1]

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Adlerian psychology (1, 2) emphasizes social interest as the criterion of mental health. Adler's views are shared by Karen Horney who states: "Mutuality toward others is important as we must have good relations with others to realize ourselves" (4, p. 65). Fromm (3) similarly indicates that therapy is essentially an attempt to help the patient gain or regain his capacity for love. Sullivan (5) believes that one achieves mental health to the extent that one becomes aware of one's interpersonal relations.

Yet there has been little research in this important area. One hindrance has been the lack of a scale for measuring social interest. Such a scale must take into account the specific social environment of the patient. One environment that seems ideal for the study and measurement of social interest is group psychotherapy. The group is formed for mutual help in dealing with the personal problems of patient members. A patient's deficiency in social interest becomes most readily apparent in his relations to other group members and becomes subject to group reaction, exploration, understanding, and possible change.

The Scale. A preliminary scale of social interest for patients in group therapy is herewith presented (Table 1). It is a schedule to be filled out by the therapist and consists of 31 items relating to behavior reflecting social interest in group therapy, which can be directly observed.

Twenty eight group-therapy patients of four groups were scored by their respective therapists on this scale. The scores ranged from 12 to 29, with a mean of 19.29 and a standard deviation of 4.97.

Reliability. Two group therapists, who acted as co-therapists for two groups of seven patients each, independently rated these patients on the scale. Intraclass correlations for the therapists' scores on the

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TABLE 1. GROUP PSYCHOTHERAPY SOCIAL INTEREST SCALE

Scoring Instructions: Make a check before each statement which applies, *except* in the case of the starred items where a check is made if the statement does *not* apply. The score is the number of checks.

1. Comes promptly to meetings (is not more than five minutes late at least 90% of the time).
2. Rarely misses sessions (attends at least 90% of the time).
3. Asks about other members when they are absent.
4. Responds verbally to dress, posture, or facial expressions of other members.
5. Asks other members about themselves.
6. Mentions changes in other members' behavior.
7. Shares personal achievements or failures with group.
8. Expresses ideas and feelings clearly enough for group members to understand what he means.
9. Mentions previous group discussion.
10. Does not forget other members' names.
*11. Is easily offended or embarrassed.
*12. Is dictatorial.
13. Makes an attempt to defend himself when under attack by another member.
*14. Shows in his posture or facial expression self-preoccupation or boredom when others speak.
*15. Interrupts another member to begin a long monologue of his own.
16. Addresses himself primarily to the group rather than the therapist.
*17. Verbalizes feeling superior or inferior to the rest of the group.
*18. Makes cutting remarks toward other members.
19. Makes comments considered helpful by other members.
20. Has dreams about group members.
21. Tries to bring quieter members into group discussion.
22. Expresses liking or disliking for other members.
23. Verbalizes empathic feelings toward other members.
24. Makes personal comments about the therapist.
25. Expresses concern about consequences of interactions of group members.
26. Holds out hope to other members.
27. Participates, without prodding, in group decisions.
*28. Expresses suspiciousness of the therapist's motives.
29. Expresses an interest in being with group members outside the group therapy situation.
*30. Is embarrassed to disclose to others that he is in therapy.
31. Expresses feelings about a new member or a member leaving the group.

two groups were .90 and .92; an F-test indicated significance for both correlations at the .01 level of confidence. This reliability may, however, be somewhat inflated; although the co-therapists rated the patients independently, prior to the ratings they frequently discussed patients' behavior and may thus have influenced each other.

Validity. To determine whether scores on the scale actually are related to social interest, the therapist asked the members of 4 therapy groups of 7 members each to rank all the members (including themselves) for their respective contributions to the welfare of the other patients. The several rankings thus obtained for each member were averaged. Spearman rank-order correlations between these average rankings and rankings on the scale were found to be .96, .82, .82, and .71. The first coefficient is significant at the .01 level; the others are significant at the .05 level of confidence.

Future work. The results indicate that the Social Interest Scale has promise as a reliable and valid measure. The reliability and validity of individual items of the scale are yet to be determined, with the view of strengthening the scale. Follow-up studies will be conducted to show whether the scale measures changes in patients' social interest and whether such changes are correlated with evidence of improved mental health.

Summary. The need for objective measures of social interest is discussed. A preliminary Social Interest Scale for group therapy is presented, along with some reliability and validity data.

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