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Curative factors were assessed among therapy groups of offenders experiencing differentially restrictive incarceration, from probation through minimum security and maximum security to a special segregation unit for behaviorally problematic prisoners. Catharsis was highly rated as in earlier studies, while interpersonal learning input was rated at varying levels. Existential awareness was rated much higher than with typical outpatient populations, while cohesiveness was rated lower. The significance of these findings is discussed.

CURATIVE FACTORS IN OFFENDERS' GROUPS

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The curative or effective factors in group psychotherapy have long been a popular topic of investigation within that discipline. Yalom (1975) consolidated earlier work in the area into 12 distinct factors, each represented by five items in a Q sort. He used this conceptual framework as a base from which to examine and teach the theory and practice of group psychotherapy, in a text that is far more extensively utilized in graduate school training than is any other in the field (Dies, 1980).

Yalom's 12 curative factors, in their order of importance to successful outpatients (Yalom, Tinklenburg, & Gilula, 1970)

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are interpersonal input, catharsis, cohesiveness, self-understanding, interpersonal output, existential factors, universality, instillation of hope, altruism, family reenactment, guidance, and identification. Since the publication of Yalom's book, researchers have attempted to replicate Yalom's findings with outpatient therapy groups, personal growth or encounter groups, and inpatient or partially hospitalized patient groups. Among the outpatient groups, the top four factors have generally been the same as Yalom's, although not always in the same order. Cohesiveness has been among the top four in two of six studies and universality in three of six (Butler & Fuhriman, 1983).

In the three studies with personal growth groups, findings were less consistent, except that interpersonal input was high. In the two studies with the more seriously impaired patients (inpatient and partial hospitalization), the findings were very different from Yalom's. The partial hospitalization patients found cohesiveness to be far and away the most important factor, while the inpatient group members most valued instillation of hope, cohesiveness, altruism, and universality.

Long and Cope (1980) attempted to replicate Yalom's findings within a 12-member group at a live-in treatment center for first-time felony offenders. All subjects were male, average age was 18, and most had been convicted of property offenses or possession of illicit drugs. They found catharsis, cohesiveness, interpersonal learning (input), interpersonal learning (output), and self-understanding to be the top five factors, in that order. These were the same top five factors Yalom found, although the order was slightly different. Long and Cope reported that three of the four lowest ranked factors in both studies (guidance, family reenactment, and identification) were the same. They concluded that the rated importance of curative factors is very similar across different settings and individuals.

The present study sought to replicate the Long and Cope study using groups conducted among offender populations that differed by restrictiveness of incarceration.

METHOD

SUBJECTS

Subjects were drawn from therapy groups in four offender incarceration or treatment settings. Experiencing the least environmental restriction (probation) were 21 convicted shoplifters who had been referred to three counseling groups at Catholic Social Services. These groups of 6 to 8 members met weekly for six sessions. Two of the groups were led by a male master's level counselor with 18 years' experience; one group was led by a bachelor's level social worker with 15 years' experience. Each described his role as model, teacher, and gently confrontive facilitator. Both claimed to use group forces to create an open and supportive environment. Subjects' ages ranged from 17 to 48 years, with a mean of 27.

Experiencing the next most restrictive level of incarceration were 81 male minimum security prisoners (trustees) at a state prison, most of whom had been convicted of sex crimes that were carried out primarily through methods of seduction rather than predation. Some had been convicted of assaultive crimes, including murder. Subjects ranged in age from 22 to 59 with a mean age of 34 and were serving sentences ranging from one year to life. They were members in seven groups of 8 to 20 members and had attended an average of 13 sessions. The therapist who led most of the groups was a male Ph.D. clinical psychologist with nine years' experience, eight of them in corrections. This therapist described his orientation as cognitive-interpersonal. He used Leary's circumplex model of personality to recognize rigid, detrimental behavior patterns and to gauge change. Alcoholics Anonymous principles adapted for a criminal population were taught, and social skills emphasizing healthy conflict resolution strategies were presented in a tutorial fashion. The therapist who led two of the groups was a master's level counselor. He described his orientation as interpersonal-cognitive. After attempting to build trust and cohesion, behavior in group was examined in relation to behavior in crime.

Experiencing the next most restrictive incarceration were 16 male maximum security prisoners in a state prison who had been convicted of crimes such as violent criminal assault, armed robbery, and murder and were serving out sentences ranging from three years to life. Subjects ranged in age from 22 to 49 and were members in three groups of from 2 to 8 members each. They had attended an average of 28 weekly group sessions. The therapist was the same Ph.D. level psychologist who led most of the minimum security groups. His approach with these groups was similar to that he used with the minimum security groups, except that his style was less didactic and more facilitative.

Experiencing the most restrictive level of incarceration were 5 prisoners classified as behavior management problems and segregated in a special section of a maximum security prison under very tight security and decreased privileges and movement. For security reasons, groups were limited to three prisoners, and this small sample is composed of two such groups, of which one member declined to complete a questionnaire. These are typically very aggressive and assaultive prisoners who have been unable to function in the larger maximum security environment. The intent of treatment is to make them capable of reentering the normal maximum security environment. The groups received a six-week treatment focusing on impulse control through a largely didactic, cognitive approach. There was little discussion of charged personal or emotional issues due to the explosiveness of these prisoners and their tendency to use such information to attempt to control and exploit each other. Group members ranged from 20 to 40 years old and were serving sentences ranging from 10-15 to 8-25 years for a variety of offenses.

INSTRUMENT

Yalom's 60 original curative items were administered in a Likert scale format that has been used in earlier studies as an alternative to the Q sort method (Butler & Fuhriman, 1983).

Subjects were instructed to rate each item as to its helpfulness to themselves in the group on a scale of 0 to 3, with 0 representing "not helpful" and 3 representing "very helpful." This format is simpler and less time-consuming to complete than the Q sort. Each subject's age, sex, and the number of sessions attended were recorded on a cover sheet.

PROCEDURE

In order to ensure that all ratings were made by subjects with some experience of their groups, those who attended fewer than three previous sessions were deleted from the data pool. In view of most subjects' lack of freedom, special care was taken to stress their right to decline to participate in the data collection.

RESULTS

As in earlier studies with varied populations (Yalom, 1975; Long & Cope, 1980), catharsis is among the top four factors and family reenactment and identification are among the lowest two for each of the offender classifications. Guidance is ranked tenth in three of the offender groupings and ninth in one. Universality is placed toward the middle ranks by all four classifications. There the close similarity with earlier research ends.

Interpersonal learning input, ranked highly in most previous research with outpatients, is ranked variably among the offenders' groupings: first by maximum security inmates, third by the prisoners in segregation, and seventh and ninth by the other two classifications. Self-understanding is second ranked among the maximum security grouping but fourth, sixth, and eighth among the other groupings. Most strikingly, while none of the previous studies with outpatients or inpatients placed existential awareness in the top four (Butler & Fuhrman, 1983), the offenders rank it between first and fourth in the four

groupings of this study. Instillation of hope is rated between first and sixth in the four groupings, while cohesiveness is first among the probationers and seventh or eighth among the others. Interpersonal learning output ranks from fourth to seventh, increasing in importance as restrictiveness of incarceration increases. Altruism is ranked as fifth and sixth by the minimum security prisoners and the probationers, and ninth and tenth by the maximum security prisoners and the prisoners in the segregation unit.

Table 1 lists the rankings given by the four offender classifications in this study, as well as by Long and Cope's offenders in a residential treatment center and Yalom's original successful outpatients. The client groupings are ordered by degree of environmental restriction.

DISCUSSION

This study echoes the finding of earlier studies among varied populations that clients consider family reenactment, identification, and guidance to be less helpful factors, but find catharsis to be very important (Yalom, 1975; Long & Cope, 1980). The other findings are somewhat different from those reported earlier in the literature.

The greater valuing of existential awareness by the prisoners probably reflects the extremity of their life circumstances and their powerlessness in the face of institutional controls; they lack the customary comforts and the daily freedoms that usually insulate the rest of us from a consideration of the conditions of our existence. Even the probationers, while living independently, had each recently experienced their powerlessness in the face of arrest and trial. Self-help groups for parents of deceased children, who likewise have experienced themselves as impotent to counter life's forces, also show a special valuing of existential awareness (Lieberman, 1983). The higher ratings accorded instillation of hope in the offender population (first, third, sixth, and sixth) may be due to their greater need to rely

TABLE 1
Comparison of Curative Factor Rankings by Degree
of Environmental Restriction

Yalom's outpatient	Probation	Felony offenders (Long and Cope, 1980)
1. Interpersonal input	1. Group cohesiveness (T)	1. Catharsis
2. Catharsis	1. Instilling of hope (T)	2. Group cohesiveness
3. Group cohesiveness	3. Catharsis	3. Interpersonal input
4. Self-understanding	4. Existential awareness	4. Interpersonal output
5. Interpersonal output	5. Universality	5. Self-understanding
6. Existential awareness	6. Altruism	6. Existential awareness
7. Universality	7. Interpersonal output	7. Altruism
8. Instilling of hope	8. Self-understanding	8. Instilling of hope
9. Altruism	9. Interpersonal input	9. Guidance
10. Family reenactment	10. Guidance	10. Family reenactment
11. Guidance	11. Family reenactment	11. Universality
12. Identification	12. Identification	12. Identification
Minimum security	Maximum security	Segregation
1. Catharsis	1. Interpersonal input	1. Existential awareness
2. Existential awareness	2. Self-understanding	2. Catharsis
3. Instilling of hope	3. Existential awareness	3. Interpersonal input
4. Self-understanding	4. Catharsis	4. Interpersonal output
5. Altruism	5. Interpersonal output	5. Universality
6. Interpersonal output	6. Instilling of hope	6. Instilling of hope
7. Interpersonal input	7. Universality	7. Self-understanding (T)
8. Group cohesiveness	8. Group cohesiveness	9. Group cohesiveness (T)
9. Universality	9. Altruism	9. Guidance
10. Guidance	10. Guidance	10. Altruism
11. Family reenactment	11. Identification	11. Family reenactment
12. Identification	12. Family reenactment	12. Identification

NOTE: Yalom's outpatients experienced the least restrictive environment, shoplifters on probation the next least restrictive, felony offenders in a residential treatment program the next least restrictive, minimum security prisoners the next least restrictive, maximum security prisoners the next least restrictive, and prisoners in segregation the most restrictive environment. (T) designates a tie.

on hope as a way to deal with their situations. Catharsis was predictably popular with the offenders, since it may be considered a form of acting out, which comes easily to a population experiencing poor impulse control.

Interpersonal learning output is valued increasingly as the environmental restrictiveness increases, perhaps because the opportunity to interact in an emotionally meaningful way becomes less as restrictions increase. Alternatively, it may be the more "difficult" prisoners who experience more restrictive incarceration, have greater needs to learn to get along cooperatively with others, and show a greater openness in their ratings to this learning opportunity. The wide variability in the ranking of interpersonal learning input may be partially due to the different group sizes and leader styles. The minimum secu-

TABLE 2
**Items Ranked as Most Helpful by Prisoners in Minimum Security,
 Maximum Security, and Segregation Unit Combined**

Item Rank

1. Improving my skills in getting along with people.
 (Interpersonal learning output)

 2. Learning why I think and feel the way I do (i.e.,
 (Tie) learning some of the causes and sources of my
 problems).
 (Self-understanding)

 2. Learning that I must take ultimate responsibility
 (Tie) for the way I live my life no matter how much
 guidance and support I get from others.
 (Existential awareness)

 4. Getting things off my chest.
 (Catharsis)

 5. Being able to say what was bothering me instead of
 holding it in.
 (Catharsis)

 6. Learning how to express my feelings.
 (Tie) (Catharsis)

 6. Facing the basic issues of my life and death, and
 (Tie) thus living my life more honestly and being less
 caught up in trivialities.
 (Existential awareness)

 8. Learning how I come across to others.
 (Interpersonal learning input)

 9. Discovering and accepting previously unknown or
 unacceptable parts of myself.
 (Self-understanding)

 10. Helping others has given me more self-respect.
 (Altruism)
-

rity groups ranged up to 20 members each and featured didactic leadership styles, diminishing the opportunity for intermember feedback. The maximum security and the segregation groups were each small or very small, increasing feedback opportunities. The probationer groups, while of manageable size, may have been characterized by norms that discouraged feedback.

Altruism may be valued less highly by the maximum security prisoners and the prisoners in segregation because the prisoners are less socialized and simply do not experience giving to others as reinforcing. Self-understanding may be more highly ranked within the maximum security grouping because the groups have met for a greater length of time. The middle ranking given cohesiveness by the subjects experiencing more restrictive environments may be partially an effect of the leaders' didactic approach and partially a function of the relative inability of these prisoners to attach themselves emotionally to a group or to engage in behaviors that build group cohesion.

CONCLUSION

Contrary to Long and Cope's (1980) claim, there are wide differences between the curative factors that participants find most helpful in therapy groups conducted in different settings. The variables that may best account for these differences remain largely unexplored at this time. Future research should address the role of leader behaviors, leader characteristics, client characteristics, maturity of group in terms of developmental stages, and group composition on client-perceived curative factors. In addition, the impact of client-perceived curative factors on outcome should be assessed. A working knowledge of relationships among client variables, group variables, leader behaviors, curative factors, and outcome would permit leaders to tailor interventions and groups to produce better outcomes for clients.

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