1-16-1951

Group therapy in the treatment of criminal offenders in state and federal correctional institutions for adult males.

Edgar N. Sampson

Sampson — Group Therapy in the Treatment of Criminal Offenders

GROUP THERAPY IN THE TREATMENT OF CRIMINAL OFFENDERS IN STATE AND FEDERAL CORRECTIONAL INSTITUTIONS FOR ADULT MALES

By

Edgar N. Sampson

A Thesis

In partial fulfillment of the

Requirements for the Degree of

Master of Arts in Sociology

The University of New Mexico
1951

This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Committee of the University of New Mexico in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

E. F. Castetter
DEAN

Jan. 16, 1951
DATE

Thesis title: Group Therapy in the Treatment of Criminal Offenders in State and Federal Institutions for Adult Males."

Thesis committee

Mamie Langwell Miller
CHAIRMAN

Lyle Saunders

Morton J. Elston

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

The problem. The problem undertaken in this thesis is to make a comprehensive analysis of the practice of using group therapy in the treatment of criminal offenders in state and federal correctional institutions for adult males in the continental United States. This is a descriptive study directed at determining how many state and federal correctional institutions for adult males are using group therapy; how extensively they are using it; and on what types of offenders they are using it. An attempt is also made to present the psychological principles involved and the historical development of group therapy.

A review of the literature of group therapy leads one into curious bypaths. It is extremely difficult to draw a clear-cut distinction between group therapy and many other endeavors to modify the behavior, personality, and character of human beings through group participation. This makes it quite difficult to determine an exact definition of group therapy.

The term group therapy has been employed to describe a variety of occupations and activities of mental patients such as attending moving pictures,[1] working in shops,[2] performing various forms of drama,[3]

---

1 H. P. Rome, "Therapeutic Films and Group Psychotherapy," in J. L. Moreno, Group Psychotherapy: A Symposium, New York: Beacon House, 1945, pp. 485-492.

2 E. Katz, "Arts and Crafts Films for Occupational Therapy with Neuropsychiatric Patients," Occupational Therapy Rehabilitation, Vol. 25, April, 1946, pp. 73-75.

3 Lewis Barbato, "Drama Therapy," in Moreno, op. cit., pp. 158-160.

including sociodrama,[4] playing and listening to music,[5] dancing,[6] and numerous other diversions which involve more than one person.

Group methods have been used in a great variety of attempts to influence the behavior of people in what are believed to be favorable directions. Many of these attempts have been under medical or psychiatric direction and have had as their goal the cure or amelioration of psychosomatic, psychoneurotic, psychopathic, or psychotic conditions. A large number — psychiatrically oriented, although often carried out by social workers, teachers, chaplains, dancers, or psychologists — have also dealt with the cure or amelioration of maladjustments of individual personality, although the methods of necessity have been different.

S. R. Slavson does not consider most group activities as being major therapeutic tools. He indicates this in the following quotation:

> Group activities (dance, etc.) are useful, but they are not major therapeutic tools. There is no evidence that group activities in themselves constitute therapy. To achieve intrapsychic changes implied in the term psychotherapy, relationships of the transference nature, emotional freedom, and greater insight are necessary to a greater extent than larger group activities or occupational interests can supply.[7]

---

4 See Moreno on "Sociodrama," op. cit., pp. 161-204.

5 Milton H. Ward, "Note on Psychomusic and Musical Group Therapy," in Moreno, op. cit., pp. 238-241.

6 Marion Chace, "Rhythm in Movement as Used in Saint Elizabeth's Hospital," in Moreno, op. cit., pp. 243-245.

7 S. R. Slavson, The Practice of Group Therapy, New York: International Universities Press, 1947, p. 29.

Abrahams and McCorkle, in using group therapy in connection with military offenders, came to the conclusion that group therapy is different from other forms of group activity. They found:

> Group psychotherapy with its natural living qualities, differs from other groups, such as classroom lectures, town meetings, and club gatherings in its extremely personal slant, more permissive atmosphere, and all-consuming intent to discover the "why" behind the behavior of its members.[8]

In this thesis an attempt is made to restrict the analysis to psychiatrically oriented group therapy, but even this restriction imposed some difficulties. The therapist is not always a psychiatrist, but may be a psychologist, teacher, social worker, or, less frequently, an inmate.[9] Therefore in drawing a line of demarcation, it has been necessary to be arbitrary.

Definition of group therapy. There is considerable variation in the definitions of group therapy given by the various writers in the literature. Some writers define group therapy simply as the treating of several individuals simultaneously.[10] Other definitions are more elaborate as indicated by that of Nolan D. C. Lewis. He defines group

---

8 J. Abrahams, and L. W. McCorkle, "Group Psychotherapy of Military Offenders," American Journal of Sociology, Vol. 51, No. 5, March, 1946, p. 463.

9 See Table IX, p. 59.

10 E. A. Strecker, "War Psychiatry and Its Influence Upon Postwar Psychiatry and Upon Civilization," Journal of Nervous and Mental Diseases, Vol. 101, May, 1945, p. 401. His definition is that group therapy treats patients in groups.

W. R. Bion and J. Rickman, "Intra-group Tensions in Therapy: Their Study as the Task of a Group," Lancet, Vol. 265, November 27, 1943, p. 678. Their definition is that group therapy is treating a number of individuals simultaneously.

therapy as:

> . . . basically a special application of the principles of individual treatment to two or more persons simultaneously, which brings also into the situation the phenomena and problems of interpersonal relationships.[11]

Weinberger, in his writings on group therapy as developed by the military psychotherapists during World War II, very definitely indicates in the following statement what he considers group therapy to be:

> If treatment in a group is to be designated by the term psychotherapy it should mean the active participation of the emotional and intellectual faculties of all members of the group. It should consist of an interplay of interests, hopes, loves and hates, ambitions and needs, at cross-purposes and in relation to each other. It should be flexible and should yield to the needs of any member of the group as well as those of the group itself.[12]

The definition of group therapy, as the term is used in the questionnaire pertaining to the treatment of criminal offenders in correctional institutions, is a composite drawn from the writings of Bixby,[13] McCorkle, Hadden,[14] and Slavson, and is as follows: Group therapy is the work done with groups of individuals brought together in regular, informal, permissive,

---

11 Nolan D. C. Lewis, "Foreword," in S. R. Slavson, op. cit., p. 9.

12 Jack Weinberger, "Group Psychotherapy as Developed in a Military Setting; Its Application to Civilian Therapy," The Psychiatric Quarterly, Vol. 20, No. 3, July, 1946, p. 471.

13 F. L. Bixby and L. W. McCorkle, "Applying the Principles of Group Therapy in Correctional Institutions," Federal Probation, Vol. 14, No. 1, March, 1950, pp. 36-40.

14 S. B. Hadden, "Group Therapy in Prisons," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, pp. 178-183.

face-to-face sessions in an atmosphere of free discussion and where participants are encouraged by a leader to express themselves in discussing their own problems and feelings and those of the other participants in the group, in attempting to modify their behavior into a socially acceptable pattern.

Throughout this thesis, the term group therapy is given a very general definition as follows: the treatment in groups of the psychological disturbances of individuals.

This study is arbitrarily limited to state and federal correctional institutions for males over twenty-one years of age in the continental United States. Institutions having no inmates over the age of twenty-one are not included in the study. However, institutions having inmates both under the age of twenty-one and over twenty-one are included. The age limits of the inmates confined in the various institutions were obtained from the publication, State and National Correctional Institutions of the United States of America, Canada, England, and Scotland, August, 1950, published by the American Prison Association.

There are considerable data published on the use of group therapy in treating many kinds of mental disturbances and nervous disorders,[15] but there seems to be very little published material on the use of group therapy in the treatment of criminal offenders. There are several papers published on the group therapy programs developed by the Army and Navy

---

15 See J. L. Moreno, op. cit., et passim.

for the rehabilitation of military offenders, but the only published material on group therapy in correctional institutions seems to be that pertaining to the group therapy program established in the New Jersey reformatories,[16] and to an experimental group therapy class in criminology at the Indiana Penitentiary.[17] As far as the writer has been able to discover, these are the only descriptions of group therapy programs in state or federal correctional institutions for adult males, and there seem to be no studies reporting what other institutions are using it, or on what types of offenders they are using it.

An effort has been made to make this thesis as useful as possible as a means of stimulating further interest in the use of group therapy as a method of rehabilitating criminal offenders and in furthering our understanding of the processes involved in this rehabilitation. An attempt is also made to add to the general body of criminological knowledge by presenting data that are not available elsewhere. Since this study attempts to describe the use of group procedures by which some institutions are attempting to guide the prisoner in his efforts to adjust to normal social life, the findings may point to suggestions which will aid

---

16 The sources on New Jersey's group therapy program are: F. L. Bixby and L. W. McCorkle, loc. cit.; F. L. Bixby and L. W. McCorkle, "A Recorded Presentation of a Program of Guided Group Interaction in New Jersey Correctional Institutions," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, pp. 190-199; S. B. Hadden, loc. cit.; L. W. McCorkle, "Group Therapy in Correctional Institutions," Federal Probation, Vol. 13, No. 2, June, 1949, pp. 34-37.

17 I. Jolles, "An Experiment in Group Therapy for Adult Offenders," Federal Probation, Vol. 10, No. 2, April-June, 1946, pp. 16-19.

other institutions in establishing group programs to guide their inmates in similar adjustments.

Descriptive studies are necessary before studies directed at determining the success of group therapy in rehabilitation criminal offenders can be undertaken. It is hoped that this study may encourage further studies of the use of group therapy in the treatment of criminal offenders.

Methodology. The method employed in this study can be divided into two principal techniques: field research in state and federal correctional institutions for adult males by means of a questionnaire,[18] and documentary research in the library.

The library research was undertaken and completed before the questionnaire was drawn up and mailed to the various correctional institutions. It was necessary to do the reading before the questionnaire was made out in order to obtain information concerning the procedures used in group therapy, so as to learn what types of data were desired on the questionnaires.

The first phase of the library research was confined almost exclusively to the reference room for the purpose of compiling a bibliography. By using all the various subject indexes, periodical guides, and other general bibliographic sources, a comprehensive bibliography on all phases of group therapy was compiled.

---

18 See sample questionnaire in appendix, p.78.

The purpose of the library research is to give a general background and understanding of group therapy. By reading widely on all phases of group therapy, a better understanding of the general psychological principles involved in the group treatment of the various personality disorders and mental abnormalities was obtained. Particular attention was given to literature on the use of group therapy in the treatment of criminal offenders, especially that regarding the procedures used, the results obtained, the psychological theories involved, and the opinions of experienced prison administrators who have worked with this type of treatment as to the relative merits of group therapy in a prison setting.

The primary method employed in this study was the use of a questionnaire, mailed to obtain information that was not available in the library sources or from any sources other than the correctional institutions.

It was with full cognizance of the limitations of questionnaires that this method was selected to obtain the data, but this was the only procedure that time and expense would permit. The interview method would have been superior to the questionnaire method, but it was physically impossible to visit each of the ninety state and federal correctional institutions for adult males in the continental United States. As a consequence, the use of a questionnaire was adopted as the only feasible method for obtaining information.

In making up the questionnaire, an attempt was made to avoid the most frequent errors that are found in the use of questionnaires. These errors, as listed by Pauline Young, are as follows: Interviewer's bias, bias of the auspices, imperfections in the design of the questionnaire,

unrepresentative selection of respondents, bias of non-response, misinterpretation of situations and events, and variability of response.[19]

An attempt was made to avoid personal bias in the questionnaire by submitting it for examination to sociologically trained individuals before any copies were mailed to the respondents. Although it was difficult to keep personal bias out of the answers to be checked on the questionnaire, an attempt was made to present a wide enough variety of responses to avoid any bias in the suggested answers.

"Bias of the auspices arises out of suspicions, resentments toward 'being investigated,' and lack of understanding what is essential in the investigation."[20] This error was reduced by including an accompanying letter with each questionnaire explaining the purpose of the required information.[21]

The questionnaire was presented to a class of university students studying social research methods with instructions to examine it critically for any imperfections in design.

The problem of an unrepresentative selection of respondents was avoided by sending the questionnaire to every state and federal correctional institution for adult males in the continental United States. The names and addresses of the correctional institutions and names of the head

---

19 P. V. Young, Scientific Social Surveys and Research, New York: Prentice-Hall, Inc., 1949, pp. 237-240.

20 Ibid., p. 238.

21 See sample letter in appendix, p. 81.

administrator of each institution were obtained from the previously mentioned publication, State and National Correctional Institutions of the United States of America, Canada, England, and Scotland. A total of ninety questionnaires was mailed, seventy-two to state institutions, eighteen to federal institutions.

Wherever possible the questions called for an answer of "yes," or "no," or a number. It was thought that answers of this type would offer little opportunity for misinterpretation on the part of the respondents. Where it was not feasible to use a simple "yes," or "no," or a number answer, different possible answers were listed and the informant was asked to check the one applicable to his particular institution. This arrangement also facilitated the process of tabulation, since such replies were easily classified.

The error of variability in response was lessened by attempting to avoid subject matter involving attitudes and subjective personal data and by framing the questions as mentioned in the preceeding paragraph.

One problem in using a questionnaire is that of non-response. An attempt to stimulate responses to the questionnaire was made by including an explanatory letter on the University of New Mexico, Department of Sociology letterhead to add prestige and authenticity, in which the term group therapy, as it is used in the questionnaire, is defined. The letter also explained who wanted the information and the purpose for which it was to be used. An attempt was also made to increase responses by suggesting to the respondents that by participating in the study they might further

an understanding of the process involved in the rehabilitation of criminal offenders as well as help prevent future generations from taking up a life of crime.[22] To further stimulate responses, a stamped, self-addressed return envelope was included with the letter and questionnaire.

Of the ninety questionnaires sent to state and federal correctional institutions, seventy were completed and returned, a total of 77.78 per cent. State institutions returned fifty-eight questionnaires, or 80.56 per cent, and the federal institutions returned twelve questionnaires, or 66.67 per cent.[23]

No further attempt was made to determine whether or not those state and federal correctional institutions, which failed to return the completed questionnaires are using group therapy.

---

22 See sample accompanying letter in appendix, p. 81.

23 See Table I, p. 12.

TABLE I

QUESTIONNAIRE RETURNS

Type of institution	Number sent	Number returned	Per cent returned
State	72	58	80.56
Federal	18	12	66.67
Totals	90	70	77.78

CHAPTER II

HISTORY OF GROUP THERAPY

"Of the growth of Group Psychotherapy, we may readily say the same as of the evolution of Psychotherapy proper — these words which the well known psychologist Ebbinghaus used once when speaking of the development of his field, Psychology; 'It has a long past but a short history.'"[1]

"A long past but a short history" is a way of illustrating the almost untraceable number of roots group therapy has in the past. The origins of group therapy are deeply embedded in human society, since the history of early groups, religions, and medicine provides considerable material in which these origins can be found. Wherever men have lived in groups, the principles of group therapy have been at work in shaping and reshaping human personality patterns.[2]

In the history of group therapy, the name of Jacob L. Moreno stands out as the leading pioneer in the development of this form of treatment. With his development of psychodrama and his enthusiastic support of all group psychotherapy movements, Moreno has remained an outstanding influence since 1932. "The term group psychotherapy, the name for the younger branch of the 'psychic method' of the art of healing, seems to emerge in recorded form first in 1931,"[3] and is credited to Moreno.

---

1 J. T. Miers, "Origin and Development of Group Psychotherapy," in J. L. Moreno, Group Psychotherapy: A Symposium, New York: Beacon House, 1945, p. 261.

2 Ibid., p. 261.

3 Loc. cit.

William Alanson White, in his introductory remarks as chairman of the Special Conference held during the meeting of the American Psychiatric Association in Philadelphia in 1932, and referring to a meeting held at Toronto in May, 1931, spoke of J. L. Moreno as having "suggested group psychotherapy of prisoners." It was due to the results of this suggestion that for the first time a large and representative group of psychiatrists met for a discussion on the topic of "The Application of the Group Method to the Classification of Prisoners."[4] It is interesting to note that this conference was held to discuss the application of group psychotherapeutic methods to the classification of inmates of correctional institutions.

Following this first organized influence of group psychotherapy on the psychiatrists of North America, the method developed rapidly and in many directions, but not in connection with correctional institutions. Group psychotherapy made its first appearance in mental hospitals,[5] where psychiatrists used it in the treatment of very select groups of patients suffering from various forms of personality defects. The list of disorders treated with group psychotherapy is far too lengthy to include in this paper, but a glance at the bibliographies on group therapy[6] will

---

4 W. Overholser, "Foreword" to Moreno, op. cit., p. 13. The report of this conference was published by the National Committee on Prisons and Prison Labor, New York, 1932. Also published in Moreno, op. cit., pp. 15-39.

5 J. I. Miers, op. cit., p. 263.

6 B. Kotkov, "Bibliography for the Student of Group Therapy," Journal of Clinical Psychology, Vol. 6, No. 1, January, 1950, pp. 77-91.

reveal the wide variety of disorders ranging from severe psychoneurotic conditions[7] to very mild speech disorders.[8]

The various psychotherapeutic methods which have been in existence several years, and more recent psychoanalysis, all of which center upon the individual, indirectly brought about modern group psychotherapy. As the advantages of individual psychotherapy became more apparent, it seemed inevitable that someone would see that the advantages of individual psychotherapy should be extended to the greatest number of sufferers. This was possible only through some kind of group treatment, because, while the need for psychotherapy is admittedly great, the opportunity for administering it on a large scale is very limited if conceived on the individual treatment basis. There are not enough psychotherapists to treat individually all those requiring psychiatric services. It was this increasing need for qualified psychotherapists to treat the growing number of mentally disturbed individuals in our present day society that gave birth to group psychotherapy.

One of the earliest founders of group psychotherapy was a medical practitioner, Dr. J. H. Pratt of Boston, who, as early as 1906, introduced "mass instruction" into the treatment of psychological conflicts of

---

7 J. Fidler, and C. Standish, "Observations Noted During Course of Group Treatment of Psychoses," Diseases of the Nervous System, Vol. 9, January, 1948, pp. 24-28.

8 L. Cypreansen, "Group Therapy for Adult Stutterers," Journal of Speech and Hearing Disorders, Vol. 13, No. 4, December, 1948, pp. 313-319.

tuberculous patients.[9] This he gradually extended into classes of instruction and encouragement, using psychoneurotics and psychosomatic cases.

J. L. Moreno began his work in group methods in 1909, in Vienna, by staging written plays with children and juveniles, "but soon passed over to the completely original practice of 'letting them play spontaneously' their own problems on self-creative primitive stages in the since famous Vienna Meadows Gardens."[10] It was through this early work that Moreno developed his psychodrama.[11]

Moreno brought these ideas to the United States in 1927, started a "therapeutic theater," and further developed the application of the

---

9 Related in J. I. Miers, op. cit., p. 503. See also J. H. Pratt, "The Tuberculosis Class, an Experiment in Home Treatment," Journal of Outdoor Life, Vol. 4, 1917, pp. 74-81.

10 Ibid., p. 503.

11 Psychodrama is defined by Giles W. Thomas in "Group Psychotherapy: A Review of the Recent Literature," Psychosomatic Medicine, Vol. 5, No. 2, April, 1943, p. 173, as follows: The psychodrama represents a unique and colorful approach to group psychotherapy. It is a procedure in which an individual acts out and thus reveals the deeper levels of his personality. Co-actors are provided who assist the subject in the spontaneous improvision of any situation indicated. The most characteristic feature of the procedure is the stage especially designed for psychodramatic work. The psychodramatic procedure provides a group, a milieu — the stage and the drama — the principles of spontaneity in all forms of expressive behavior, a wide range of interpersonal situations and — last but not least — a director and his assistants as stimulating and supporting agents. All these factors are synthesized in the testing of individuals in standardized real-life situations before an audience symbolizing public opinion.

psychodrama in psychiatry, education, penological work, marriage problems, and speech disorders.[12] In 1936, the Psychodramatic Institute was established at Beacon Hill, New York, under the direction of Moreno in order to further the development of this form of group therapy in the United States.

In reviewing the literature, the earliest reference found on the use of group methods is the paper published in 1910 and written by W. R. P. Emerson: "The Hygienic and Dietetic Treatment of Delicate Children by the Class Method."[13]

The first published work containing the term mass psychotherapy in the title was published in 1918. This is S. E. Jelliffe's article: "Modern Art and Mass Psychotherapy."[14]

The earliest reported program of group therapy in a correctional institution for adult males was established in 1936 at the State Prison of Southern Michigan. Deputy Warden Vernon Fox wrote:

> Our group therapy program at the State Prison of Southern Michigan began in 1936 and flourished until 1946 when a change in personnel necessitated its discontinuance in that form. In 1947, it was begun again under the direction of a teacher and continued until last year

---

12 See J. L. Moreno, Psychodrama: First Volume, New York: Beacon House, 1946.

13 W. R. P. Emerson, "The Hygienic and Dietetic Treatment of Delicate Children by the Class Method," Boston Medical Surgery Journal, Vol. 163, 1910, pp. 326-328.

14 S. E. Jelliffe, "Modern Art and Mass Psychotherapy," Boston Medical Surgery Journal, Vol. 179, 1918, pp. 609-613.

[1949] when personnel changed again.[15]

At the present time, the administration of the State Prison of Southern Michigan is attempting to find a qualified therapist who can spend full time in the work. It was not until the end of World War II that group therapy began to be used more frequently in correctional institutions for adult males.

During the recent war, when faced with the problem of treating the large numbers of emotional disturbances, the psychiatrists were forced to treat the sick en-masse. The effect of the war on the development of group psychotherapy can be seen in the psychological literature, since much of the work with group therapy in military programs has been published in the various professional journals.[16] This rapid development in the use of group therapy occurring between 1941 and 1945 far exceeded that taking place in the previous ten year period. E. A. Strecker, in speaking of war psychiatry, states: "Perhaps the most important development in psychological treatment has been the application of group psychotherapy."[17]

Considerable work was done by both the Army and Navy in attempting mass therapy of the military offenders in rehabilitation centers where

---

15 Vernon Fox, Deputy Warden, State Prison of Southern Michigan, unpublished letter accompanying the returned questionnaire.

16 See B. Kotkov, loc. cit.

17 E. A. Strecker, "War Psychiatry and Its Influence upon Post-War Psychiatry and Upon Civilization," Journal of Nervous and Mental Diseases, Vol. 101, May, 1945, p. 401.

restoration to duty was the primary objective.[18] The military services were presented with problems of acute misbehavior such as desertion, especially among combat troops, and as many of these men had excellent previous conduct records and were needed in combat zones, it was not considered feasible to send them to military prisons or to give them dishonorable discharges, but rather an attempt was made to restore them to duty as quickly as possible. As a result of experiments administered by the Army, a group therapy program was established at the Fifth Service Command Rehabilitation Center, Fort Knox, Louisville, Kentucky.[19] Abrahams and McCorkle, the group therapists at Fort Knox, report they were able to restore to military service approximately 40 per cent of the military delinquents receiving group therapy, with a recidivism rate of only 6 to 10 per cent.[20] They believe "the prison atmosphere to be markedly lessened by the therapeutic process. The rehabilitee's sense of values is developed and his horizon broadened. Sometimes the result is spectacular."[21]

Group therapy as developed in the military rehabilitation centers has influenced penal treatment in the United States. The most rapid development of group therapy in state and federal correctional institutions occurred during the first three years after the end of World War II.

---

18 Jack Weinberger, "Group Psychotherapy as Developed in a Military Setting; Its Application to Civilian Therapy," The Psychiatric Quarterly, Vol. 20, No. 3, July, 1946, pp. 470-484.

19 J. Abrahams, and L. W. McCorkle, "Group Psychotherapy of Military Offenders," American Journal of Sociology, Vol. 51, No. 5, March, 1946, pp. 455-464.

20 Ibid., p. 455.

21 Ibid., p. 464.

In fact, all fields of group psychotherapy were accelerated by the psychotherapeutic demands of the war, but group therapy in penal correction owes its present status especially to group psychotherapeutic developments of World War II.

CHAPTER III

THEORETICAL ASPECTS OF GROUP THERAPY

The psychological principles involved in group psychotherapy are primarily the same principles employed in individual therapy, although the method of application is considerably different. Weinberger, in speaking of group psychotherapy, wrote: "What is true of individual psychotherapy is true of an aggregate of individuals comprising a group."[1] Individual and group psychotherapy have identical aims in introducing therapeutic activity designed to direct the individual's efforts toward socially acceptable undertakings by clarifying the psychological conflicts and correcting the structure of the character or the ideological and perceptual attitudes that make satisfying social adjustment impossible or difficult.[2]

The basic assumptions upon which group therapy programs in correctional institutions operate are as follows:

1. The behavior patterns of inmates were so organized or expressed as to result in their incarceration.

2. Inmates have problems of adjusting their behavior to the demands of group life after their release.

3. Correctional institutions have an obligation to assist inmates to develop behavior patterns acceptable to society after their release.[3]

---

1 Jack Weinberger, "Group Psychotherapy as Developed in a Military Setting; Its Application to Civilian Therapy," The Psychiatric Quarterly, Vol. 20, No. 3, July, 1946, p. 471.

2 S. R. Slavson, Introduction to Group Therapy, New York: The Commonwealth Fund, 1943, p. 183.

3 L. W. McCorkle, "Group Therapy in Correctional Institutions," Federal Probation, Vol. 13, No. 2, June, 1949, p. 34.

4. Since the criminal's problems have arisen in a group situation, it seems reasonable to suppose that solution of these problems could be successfully arrived at in a reproduction of the group.[4]

Shaskan writes that the security of the individual or the balance between the desires and needs of the individual and the condition of reality is disturbed during periods of social disorganization when he is forced to make new adjustments. In more stable "folk societies" with their closely knit groups held together through strictly enforced custom rites and family activities, the effects of war and what little dissension that did exist were absorbed by the group with slight disorganization of individual personalities. But where the group is so extensive and heterogeneous as in modern societies, with so many different possible levels of individual attainment, the group is unable to absorb the effects of disturbing elements completely, and as a consequence some individual personalities are disorganized.

Because of the inability of the larger group represented by society, many smaller common interest groups are formed for the purpose of absorbing the effects of social disorganization and also to give direction to the individual through the complexities of modern life. Many varieties of voluntary groups are formed to deal with particular aspects of personal disorganization. There are groups which, through active associations and mutual beliefs, attempt to overcome the personal threat and disorganization caused by the overconsumption of alcohol and drugs. The two examples

---

4 D. A. Shaskan, "Evolution and Trends in Group Psychotherapy," American Journal of Orthopsychiatry, Vol. 18, No. 3, July, 1948, p. 448.

of groups of this type are Alcoholics Anonymous and Addicts Anonymous. Along this same line are other groups formed for the purpose of the cure or amelioration of personality disorders of various kinds. Examples of this are Recovery Incorporated for mental patients, groups of stutterers, and other groups with various types of speech disorders.

These groups are all of a repressive-inspirational nature and all have been successful in different degrees in attaining a happier life for their participants. The essential feature of these groups is active participation, and passive behavior is not tolerated. Most of the groups require that their members must respond and show change to be accepted, and also the individual must volunteer for membership in the group.

There are still many individuals who do not participate in any voluntary group, although many of them desire to be members of a group. Their conflicts are forcing them into deeper and deeper isolation even from so intimate a group as the family. This inability to participate in a group, or to identify themselves with other members of a group, has also forced them into a position of greater conflict with society, increasing feelings of insecurity and failure. As many of these problems are brought about in group situations, it seems possible that their solution could be successfully arrived at in a reproduction of a group.[5]

Recent research in the field of mental disease indicates it is conceivable that the explanation of mental disorders may be found in the

---

5 The above three paragraphs are paraphrased from D. A. Shaskan, op. cit., pp. 447-448.

nature of social integration. The research of Faris has indicated that certain neuroses and schizophrenias may result from a sense of social isolation from group associations.[6] It is also suggested that manic-depressive psychoses are produced by extremely intimate and intense social contacts.[7] Some validation of these views is revealed by the relation of group integration to neuroses in the armed services during World War II. There it was learned that integrating or non-integrating forces immediate in the social environment around the individual were far more important than either the personality make-up of the individual, his personal maladjustment, or an examination of his past experiences or family structure. The presence or absence of group supportive elements, particularly identification with a group under conditions of stress, was found to be one of the most important keys to the development of mental disorder even in those with little supposed tendency in that direction.[8] A commission of civilian psychiatrists who studied combat neurosis found:

> When an individual member of such a combat group has his emotional bounds of group integration seriously disrupted, then he, as a person, is truly disorganized. The disruption of the group unit is, in the main, a primary causal factor, not a secondary effect of personal disorganization.[9]

---

6 R. E. Faris, "Cultural Isolation and the Schizophrenic Personality," American Journal of Sociology, Vol. 40, No. 2, September, 1934, pp. 155-164.

7 R. E. Faris and W. H. Dunham, Mental Disorders in Urban Areas, Chicago: University of Chicago Press, 1939, p. 173.

8 W. C. Menninger, "Psychiatric Experience in the War; 1941-1946," American Journal of Psychiatry, Vol. 103, March, 1947, pp. 577-586.

9 L. H. Bartemier, et. al., "Combat Exhaustion," Journal of Nervous and Mental Diseases, Vol. 104, October, 1946, p. 370.

Such information, while limited, suggests that it might be well to analyze group situations in civilian life which may cause personality disorganization.

Man is accustomed to living in groups and is best adapted in one in which he experiences approval and recognition and is treated considerately. This holds true whether the group is the most respected or despised one in a community. In such groups he may live harmoniously and become a contributing member to its objectives. In therapy groups each member must be made to feel that he is respected, is treated with consideration, and is regarded as being equal to any other member of the group.[10] "He (an individual) cannot live for himself: his whole welfare is inextricably bound to the group."[11]

Slavson found that many mental patients are unable to make an adjustment to an ordinary group of persons, either organized or unorganized, because an ordinary group of persons is one of "social fixity." In such groups, the individual must adjust to a predetermined pattern, where demands are made upon him, and where he must meet these demands in order to be accepted by the group. The effort to do this, and the ensuing restraints and modifications in personality may cause him to withdraw from fixed groups. A therapy group is one of "social mobility" because it does not follow a predetermined pattern, but follows a pattern

---

10 S. E. Hadden, "Group Therapy in Prisons," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, p. 183.

11 D. A. Shaskan, loc. cit.

determined by the individual needs of the participants. The individual is able to adjust to therapy groups because he is permitted to act out freely, to discharge his feelings, and to display his attitudes.[12]

The group has many meanings for the individual which bear upon him in changing his behavior. Psychiatry considers the reaction of the individual to the group as an indication of his mental health and the pressure of the group as a force in moulding personality. The rapid oscillations of effect and counter-effect, occuring in the group, make the group a rich resource, and if it is appropriately seized upon, it becomes one of the ways of understanding the individual and modifying his adjustments to social life.[13]

Although little fundamental research has been done on what takes place in group therapy sessions, it seems possible that the encouraging results obtained are due to informal group adjustment. The work of Alcoholics Anonymous, without the presence of a psychiatrist, would seem to indicate this. The usual method employed in group psychotherapy is for a therapist, who acts as a leader, and from six to twenty patients, to conduct frequent discussions as a group in which there is group sharing of experiences. Sometimes additional procedures such as the psychodrama are employed. Clinard wrote:

> In group psychotherapy the members appear to develop an identification with one another and a degree of group integration, sometimes

---

12 S. R. Slavson, The Practice of Group Therapy, New York: International Universities Press, 1947, p. 26.

13 G. S. Stevenson, "Foreword" to Slavson, Introduction to Group Therapy, p. IV.

> the opinion of the group appears to change the personality pattern and attitudes of one of its members, and each member secures an opportunity for new roles and a new conception of himself.[14]

One of the special features of group therapy is the relief obtained when the participants find that many of the problems they held to be unique to themselves are shared by others as well. In the light of the problems of others, it is possible for the patient to see his own difficulties and to relieve his feelings of social isolation.[15] Group therapy permits an individual to present his own problems in an impersonal way, and allows him to express sentiments which many individuals afflicted with keen inferiority feelings cannot disclose in an individual psychotherapeutic situation.[16] There is less caution and greater abandon in a group where the members find support in one another and the fear of self-revelation is reduced. As a result, patients reveal their problems more easily, and therapy is speeded up. Defenses are diminished, the permissiveness of the total environment and the example set by others allows each to let go with decreased self-protective restraint in revealing his own problems. Slavson, in speaking of the principles involved in group therapy, wrote:

> Because all have common problems and a natural need for one another group treatment becomes a comparatively easy and natural situation.

---

14 M. B. Clinard, "The Group Approach to Social Reintegration," American Sociological Review, Vol. 14, No. 2, April, 1949, p. 259.

15 W. C. Menninger, Psychiatry in a Troubled World, New York: The Macmillan Co., 1948, pp. 317-318.

16 S. R. Slavson, The Practice of Group Therapy, pp. 23-24.

All have the same or similar problems and no negative reactions are anticipated by anyone. Status is assured. There is no fear of retaliation or debasement.[17]

The principles of individual psychotherapy that are employed in group therapy are abreaction, catharsis, identification, and transference. Nathan W. Ackerman, in his clinical experiences with the group treatment of veterans, found that the unique dynamic characteristics of group living impose specific modifying effects on all therapeutic processes, as we know them in individual psychiatry, causing these processes to operate somewhat differently in group treatment.[18]

Slavson found that release and catharsis occur much more easily and intensely in group treatment than is usual in any other treatment situations. But he also found that release and abreaction alone are not enough. Therapy must find ways to re-integrate the personality, reshape attitudes, and give the patient means for dealing with his life in new ways.[19]

Transference is greatly facilitated in group therapy sessions because the group is a protection against the therapist and what he stands for: a symbol of parental and environmental authority. There is reinforcement of the hostile trends against the therapist, which makes his

---

17 Ibid., p. 35.

18 N. W. Ackerman, "Some Theoretical Aspects of Group Therapy," in J. L. Moreno, Group Psychotherapy: A Symposium, New York: Beacon House, 1945, p. 120.

19 S. R. Slavson, The Practice of Group Therapy, pp. 24-26.

role rather difficult. But because of this fact, and the opportunity for acting out, therapy is accelerated.[20]

Samuel Hadden, in speaking of group therapy in prisons, wrote:

> In a group setting, as a result of identification and transference to members in the group, one may learn to handle rivalries and frustrations properly. A participant may develop wholesome, affectionate attachments to other members of the group. This process of identification goes beyond members in the group; the individual soon develops an attachment to the group itself, and the democratic and tolerant atmosphere cause him to develop group loyalty.[21]

It is the group itself that becomes the therapeutic agent as a result of interaction between the individuals who form the group, but as Slavson points out it is an error to speak of the group as an entity in therapy. It is always the individual, and not the group as such, that remains the center of the therapist's attention. The group is merely a means for activating individuals and supplying the kind of experiences that help modify feelings and attitudes.[22]

Group therapy seeks to reduce the inner stress of which undesirable behavior is only a symptom. It attempts to eliminate the sources of anxiety that arise from distructive impulses, on the one hand, and the fear of punishment or rejection, on the other; that is, it seeks to recondition the ego-structure. It attempts to increase the ability to feel with other people, that is, to establish positive identifications. "The

---

20 Ibid., p. 26.

21 S. B. Hadden, op. cit., pp. 182-183.

22 S. R. Slavson, The Practice of Group Therapy, p. 28.

most important value to character formation experience is the modification or elimination of egocentricity and psychological insularity."[23]

Weinberger came to the conclusion that, "the outstanding phenomenon seen in group work was the frank expression and identification with ego-ideals."[24]

Psychotherapy in correctional institutions attempts to remove the inmate's resistance to the world and to the people in it who may influence him in a socially desirable way. Group therapy may bring hostilities to the surface that had previously been supressed, and Schilder found that much material "came forward" in the group which did not come out in individual treatment.[25]

Shaskan in his work with group psychotherapy came to the conclusion that group analysis cannot proceed without identification of group members with the leader (common object). For the asocial individual, the psychiatrist is a hostile figure, and his chances of succeeding with a group of delinquents are small unless he becomes "part and parcel" of the group and does not try to operate in "group psychological mid-air." After a period of great agression toward the therapist, the delinquent usually forms an attachment to him. First, however, the therapist must allow the participant to express this aggression.[26]

---

23 S. R. Slavson, Introduction to Group Therapy, p. 28.

24 Jack Weinberger, op. cit., p. 480.

25 P. Schilder, Psychotherapy, New York: W. W. Norton & Company, 1938, p. 131.

26 D. A. Shaskan, op. cit., pp. 447-454.

Slavson[27] recognizes that the factor of anxiety, present in all groups, is rather important, and that since members of therapy groups are preoccupied with unsolved oedipal conflicts, infantile sexuality, regressive behavior, and destructive drives, there is a great deal of anxiety present especially in these groups. Anxiety, however, is more intensive in individual therapy where its mobilization is permitted as an essential process in treatment. While anxiety is present in group therapy, it does not reach the same degree of intensity. The presence of others in the environment dilutes it, causing it to become partially dissolved or diffused. Awareness that others have the same feelings allays guilt and serves to reduce anxiety. Acting out, which is possible in interview or activity groups, further reduces anxiety, for emotional muscular activity helps drain it off. The security of mutual support is another preventive for mobilization of intensity of anxiety.

Because anxiety is allayed through the group and transference is diluted and modified by inter-member transference and mutual identification, group therapy cannot reach some of the unconscious levels that psychoanalysis does. In psychoanalysis, there is no escape from anxiety. It must be resolved through transference and insight. In a group, escapes are possible.

For the program to be effective, the therapist must encourage free, emotional expression and incorporate these expressions into group

---

27 S. R. Slavson, "Differential Dynamics of Activity and Interview Group Therapy," American Journal of Orthopsychiatry, Vol. 17, No. 2, April, 1947, pp. 293-302.

sessions that have meaning and purpose for the participants. To accomplish this, the role of the therapist must be one of neutrality. Since the essence of group therapy is to help the individual adjust to reality, the leader must be careful not to take over the role of an institutional reformer. A person in a position of leadership in a group therapy session must clearly understand that his authority is primarily one of helpfulness, not one of authority for the purpose of regimentation and repression. Patients can accept censure, suggestion, interpretation, and guidance from each other with less disturbance and hostility than from the therapist. The therapist raises questions, reformulates the constructive ideas expressed, and, by indirection, guides the group toward constructive interpretation and understanding. The relatively impersonal relationship between a leader and group members is in some instances more conducive to the function of personal interest than is the wholly individual treatment.[28]

Hadden, in speaking of the role of the group therapist in a prison setting, wrote:

> In the psychotherapy group, the therapist must be a sympathetic and tolerant person, capable of obtaining the respect of the members. He must not chance favoritism, and under no circumstances shall he be hypercritical of views expressed or comments made before the group.[29]

---

28 F. L. Bixby and L. W. McCorkle, "A Recorded Presentation of a Program of Guided Group Interaction in New Jersey Correctional Institutions." Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, p. 191.

29 S. B. Hadden, op. cit., p. 180.

The functions of the therapist appear to be twofold: he controls by specific methods the degree of spontaneity of the interaction process and, secondly, he acts as a catalyst, in the interpretation of the group to the individual or the individual to the group.[30] The group therapist helps each member break through anxieties, gain understanding of his difficulties and develop attitudes toward self, parents, siblings, and the world in general. As the session continues, the therapist must sharpen the focus of the group's discussion, by directing the activities of the group into personalized channels. The interaction of participants in the group is observed, their aggressive forms of expression are evaluated when necessary, and interpretation by the therapist is made. "The permissive tolerant parent-figure of the therapist who manifests approval may re-establish in group members their confidence in authoritarian figures."[31]

Consideration should be given to what might be termed the "social distance" of the therapist from the group members. Military and correctional institution group therapists particularly have made an effort to be "one of the boys," to the extent of using non-professional language, "G. I." slang, and profanity.[32] Their attempts have been to appeal to their patients at the patient's level of accustomed thought and language. Other therapists have encouraged their patients to "level up" to them

---

30 Bruno Solby, "Group Psychotherapy and the Psychodramatic Method," in Moreno, op. cit., p. 51.

31 S. B. Hadden, op. cit., p. 182.

32 See F. L. Dixby and L. W. McCorkle, op. cit., pp. 190-199, for the terminology of the therapists in correctional institutions.

and presented material of an involved and technical nature in complicated and unfamiliar terminology.[33]

While the group is in action many members may not participate in the discussion, but this does not mean they remain unaffected. There are indications in these group processes that there are established "We" feelings for the "I." The individual is given a feeling of group incorporation and group orientation rather than individualistic and materialistic goals. By multiple identification, the non-participating members will be having significant emotional experiences which may be very effective in producing personality reintegration.[34]

"The psychopathic, immature, and mentally deficient," wrote Abrahams and McCorkle in connection with the group treatment of military offenders, "are drawn into the social experience and mature along with the group."[35]

The group therapy practiced under such institutional auspices as prison or military rehabilitation centers has been forced to recognize and deal with social rehabilitation on a level quite different from those therapies which have treated patients in a freer atmosphere. Here the problem is not so much group integration, for that is usually present, but of group reintegration into the norms of the larger society.

---

33 See Louis Wender, "Group Psychotherapy," in Moreno, op. cit., pp. 108-115.

34 See S. B. Hadden, loc. cit.

35 J. Abrahams and L. W. McCorkle, "Group Psychotherapy of Military Offenders," American Journal of Sociology, Vol. 51, No. 5, March, 1946, p. 455.

A problem facing correctional institutions is a lack of psychiatrically trained personnel, and even if some prisons could employ full time psychiatrists, clinical psychiatrists, or psychiatric social workers, any one of these professional workers can reach, at best, no more than forty or fifty cases a week. In a large correctional institution this is a small part of the total population. A staff of ten or fifteen psychotherapists would be required in the larger prisons, and budget appropriations could not meet such expenditures of funds.

Ten state and federal correctional institutions for adult males indicated in the returned questionnaires that they have tried to solve this problem by treating their inmates in group therapy sessions.[36] Fairly large numbers of inmates can be effectively handled in this type of group session, which is encouraging as far as the cost of adequate professional service is concerned; however, at the present time only a very small percentage of the total population of the ten correctional institutions employing group therapy are included in the group sessions.[37]

Not only are more men reached, with a saving of money, but as E. A. Strecker points out in the following quotation: "Undoubtedly the exchange of experiences and opinions between patients shortens the time required to bring patients face-to-face with the underlying motivation of their reaction."[38]

---

36 See Table II, p. 44.

37 See Tables V and VI, pp. 50-51.

38 E. A. Strecker, "War Psychiatry and Its Influence upon Post-war Psychiatry and Upon Civilization," Journal of Nervous and Mental Diseases, Vol. 101, May, 1945, p. 406.

Abrahams and McCorkle are of the opinion that as a result of group therapy, the military offenders gradually developed an increase in emotional stability, maturity, initiative, leadership, sense of national obligation, and eagerness to return to duty. Under the guidance of the therapist, the groups through free discussion examine the whys and wherefores of their confinement in terms of their whole life. The reward for their efforts is twofold: they improve their prospects of restoration since a degree of self-understanding is a prerequisite, and they enjoy the personal interplay of discussion.[39]

The limited literature on group therapy in correctional institutions seems to indicate that these groups objectively examine their experiences and the reasons for their confinement rather than relying upon prison rationalization, that there is growth in the capacity of the individual and the group to adjust, and that frequently an esprit de corps develops, particularly in the realization that they are helping others solve problems similar to their own. Even personality characteristics appear to be modified for the "belligerant, over-assertive, anti-social, rehabilitee is brought into line by his fellows and the asocial, sly, withdrawn person is drawn into the conversation."[40] Group therapy "sets in operation group forces directed toward socially accepted goals, particularly to counteract the anti-social group conniving that goes on so extensively in correctional institutions."[41]

---

39 J. Abrahams and L. W. McCorkle, op. cit., p. 458.

40 Loc. cit.

41 M. B. Glinard, op. cit., p. 261.

Maurice Floch found that, as a result of group therapy sessions, many inmantes have begun to question, for the first time, their own value judgments and philosophies of life. "Thus, in their cases, group therapy has helped in breaking down the barriers which previously prevented them from seeking help."[42]

The mental hygiene principles introduced in the correctional institution through the use of group therapy sessions are presented by Bixby and McCorkle,[43] and are as follows:

1. Free discussion by inmate groups of material derived from their institutional experiences or pre-institutional experiences. This implies that any and all topics are proper subject matter for discussion by the group. In this process the problems of participants are analyzed, discussed, and the historical origins of the problems of members traced.

2. This kind of discussion requires an easy, informal, permissive atmosphere where members are democratic equals and social controls evolve out of group discussion and participation.

3. The broad objective of the program is to take whatever is presently known about human behavior and apply it through the medium of group discussion to the reorientation of the offender. The goals of the program are achieved by its use of free discussion to re-educate the delinquent to accept the restrictions of society and to find satisfaction in conforming to social norms.

4. Through the method of group discussion correctional institutions have a technique to exploit the advances made in the sciences concerned with human behavior.[44]

The therapist, when applying the mental hygiene principles of group therapy in correctional institutions, can take the knowledge of professional

---

42 Maurice Floch, "Group Therapy in a Women's Prison," Federal Probation, Vol. 10, No. 4, October-December, 1946, p. 36.

43 F. L. Bixby and L. W. McCorkle, "Applying the Principles of Group Therapy in Correctional Institutions," Federal Probation, Vol. 14, No. 1, March, 1950, pp. 36-40.

44 Ibid., pp. 36-37.

Maurice Floca feels that, as a result of group therapy sessions, many inmates have begun to question, for the first time, their own value judgments and philosophies of life. Thus, in their cases, group therapy has helped in breaking down the barriers which previously prevented them from seeking help.[12]

The mental hygiene principles influenced in the correctional institution through the use of group therapy sessions are presented by Sidney and Moderlo,[13] and are as follows:

1. Free discussion by inmate groups of material derived from their institutional experiences or pre-institutional experiences. This implies that any and all topics are proper subject matter for discussion by the group. In this process the problems of participants are analyzed, discussed, and the historical origins of the problems of members traced.

2. This kind of discussion requires an easy, informal, permissive atmosphere where members can accomplish genuine and realistic curbside evolve out of group discussion and participation.

3. The broad objective of the program is to take whatever is presently known about human behavior and apply it through the medium of group discussion to the improvement of the offender. The goals of the program are achieved by the use of free discussion to educate the delinquent to accept the restrictions of society and to find satisfaction in conforming to social norms.

4. Through the method of group discussion correctional institutions have a technique to exploit the advances made in the sciences concerned with human behavior.[14]

The therapist, when applying the mental hygiene principles of group therapy in correctional institutions, can take the knowledge of professional

---

12. Maurice Floca, "Group Therapy in a Women's Prison," Federal Probation, Vol. 20, No. 4, October-December, 1956, p. 30.

13. N. L. Sidney and L. A. Moderlo, "Applying the Principles of Group Therapy in Correctional Institutions," General Problems, Vol. 11, No. 1, March, 1959, pp. 30-40.

14. Ibid., pp. 32-37.

practitioners and introduce it as an integrated part of the total institutional program and as active force in the daily behavior of the inmates.[45]

Frank T. Greving,[46] in writing of group therapy in an authoritative setting, found that the inner conflicts, precipitating behavior in direct conflict with what is socially acceptable, creates problems for the delinquent, even though he has come to depend upon these patterns to gain satisfaction for his inner neurotic needs. Readjustments will occur when the delinquent has found constructive substitutions in work, play, and social relationships, along with an understanding of his socially unacceptable behavior. The community to which the delinquent must return is the ultimate arena in which his change will be important. Therefore discussion groups that can be provided for the delinquent within an institution may be used to stimulate self-satisfying and socially acceptable behavior.

Bixby and McCorkle, in connection with group therapy in correctional institutions, wrote:

> Group therapy with its historical roots and its belief in free discussion as a device of establishing psychological insight, and its willingness to accept the person as he is and help him find himself without being authoritarian or demanding, is the antithesis of punishment and repression.[47]

---

45 Ibid., p. 37

46 F. T. Greving, "Group Treatment Potentialities in an Authoritative Setting," Mental Hygiene, Vol. 31, No. 3, July, 1947, p. 404.

47 F. L. Bixby and L. W. McCorkle, loc. cit.

"The net result of participation in group sessions," writes Walter Reckless, "can add up to an inculcating of a new approach to life situations and to one's own problems."[48]

A reading of the literature on group therapy leads to the conclusion that most group therapies can be assigned to one of two general categories with respect to the method utilized by the therapist to obtain his therapeutic results. Some therapists conduct their group sessions using only verbal expression in the form of discussion, while other therapists introduce other activities or various devices. Slavson has classified these two types of therapy as Interview Group Therapy and Activity Group Therapy.[49]

Slavson describes Interview Group Therapy as having conversation of the same nature as in individual psychotherapy, but the presence of others with similar problems gives each member support to reveal his feelings and attitudes. Occasional questioning, direct and indirect discussions, and interpretation by the therapist, help each member find release from emotional disturbances, and gain insight into his behavior and reactions.[50] Interview Group Therapy is the type used in correctional institutions.

Activity Group Therapy is defined by Slavson as treatment in which no discussion is instituted by the therapist; interpretation is given only in very rare instances and under specific conditions. Emotional

---

48 W. C. Reckless, The Crime Problem, New York: Appleton-Century-Crofts, Inc., 1950, p. 418.

49 S. R. Slavson, The Practice of Group Therapy, p. 41 and p. 133.

50 Ibid., p. 135.

reorientation comes from the fact that the participant experiences actual situations, lives and works with other participants, comes into direct and meaningful interaction with others, and as a result modifies his feeling tones and habitual responses.[51] This type of group therapy is usually employed with children.

Slavson[52] found that in Activity Group Therapy, spontaneous discharge of drives, diminution of tensions, and reduction of anxieties are achieved through physical and emotional activity in a group setting. This type of setting permits unimpeded acting out and free interaction with fellow members. The members of the group work with arts and craft materials, they eat together, go on trips and excursions, and have free access to the therapist and to one another. The total situation is designed to supply substitute gratifications; to give vent to aggression; to reinforce the ego, particularly in regard to feelings of failure and inadequacy; to release blockings to expression in some patients, and build self-restraint in others.

In Interview Group Therapy, verbal attacks are frequently expressed directly against the therapist. They criticize his coming late, question or reject interpretations, openly disagree, and in other ways reinforce one another in their negative feelings against the therapist. Therapeutically such expressions of negative feelings are useful, for egress of hostility is one of the main requirements for emotional recovery.

---

51 S. R. Slavson, An Introduction to Group Therapy, p. 2.

52 S. R. Slavson, "Differential Dynamics of Activity and Interview Group Therapy," pp. 293-302.

Anxiety in interview groups is much greater than in activity groups, although considerably less than in individual treatment. In activity groups each member feels threatened in varying degrees, as his unconscious strivings are manifested in behavior, but it seldom reaches deep layers of personality. Since activity (activity catharsis) is the pattern of the group's life, the patient does not tend to mobilize psychological tensions to the same extent as in interview groups where he cannot discharge them as easily.

Transference is present in both types of group sessions, and in both, the basic transference must be positive. Temporary transference can be negative; such as the patient displaying or verbalizing temporary hostility, dislike, or fear of the therapist and the members of the group. But basically, there must be a foundation of positive feelings and trust. Without this, patients will resist or terminate treatment.

In both types of group therapy, the therapist acts as a support to his patients. He allies himself with their impulses as against their weak restraints. By supporting their drives as against their superego, he encourages catharsis and reduces guilt and anxiety. But the important realistic factors are the reactions of the members of the group, their encouragement of displeasure, their approval or disapproval, and the interpretation they give of actions and statements. "Groups are a significant reality in the lives of people, in treatment and elsewhere. Group therapy, whether in interview or activity groups, provides a similar kind of reality."[53]

---

53 Ibid., p. 302.

The theoretical aspects of group therapy then are to be found in the principles of individual psychotherapy, although the method of application is different. The psychological principles found in group therapy are abreaction, catharsis, identification, and transference. There is evidence to indicate that some psychological disorders may be the result of group situations. For the psychotherapeutic principles to be effective, the therapist must encourage free emotional expression and incorporate these expressions into group sessions that have meaning and purpose for the participants. The role of the therapist must be one of neutrality. Interview Group Therapy and Activity Group Therapy are the two principal types of group therapy.

CHAPTER IV

GROUP THERAPY IN CORRECTIONAL INSTITUTIONS

Questionnaire returns as summarized in Table II (page 44) indicate that ten state and federal correctional institutions for adult males are using group therapy in the treatment of their criminal offenders. Of this ten, seven are state institutions and three are federal institutions.

The state and federal correctional institutions for adult males that have group therapy programs include a small percentage of their total prison population in the group sessions as indicated in Tables III and IV (pages 47 and 48). The number of groups receiving group therapy concurrently in each institution varies from one to fifteen groups. The New Jersey Reformatory at Annandale reported the largest number of groups with fifteen receiving group therapy concurrently, and the West Virginia Penitentiary reported the least number of groups with one group receiving group therapy.

A glance at Tables V and VI (pages 50 and 51) reveals that the number in each group varies from five to 125 participants, figures which do not include a very substantial proportion of the total populations. The West Virginia Penitentiary reported the smallest group, one with only five members. The United States Penitentiary at Atlanta, Georgia, has the largest groups reported with sixty to 125 participants in each group.

There is some doubt expressed as to whether the principles of group therapy would be effective in groups of sixty to 125. Slavson thinks that

TABLE II

NUMBER AND PERCENTAGE OF INSTITUTIONS ANSWERING THE QUESTIONNAIRE THAT USE GROUP THERAPY

Type of institution	Number returned	Number using group therapy	Per cent using group therapy
State	58	7	12.07
Federal	12	3	25.0
Totals	70	10	14.29

the number of participants in the group sessions should be limited to seven or eight members, and:

> In therapy groups, the intimate and personal relations common to a good family should be experienced as far as possible. There is a need for direct interaction among patients, if therapeutic aims are to be achieved. The group therefore must be small.[1]

Acting Warden Thomas J. Gough of the United States Penitentiary at Atlanta, Georgia, realized that their groups are too large to warrant classification as group therapy as defined by some authorities in the field, but he reports that the ends of group therapy have been achieved in an unusual measure through the social education concept that is back of their educational work. In a word of explanation accompanying the returned questionnaire, Warden Gough said that their program is not a conventional group therapy project — "it is more an experiment in social education." The group therapy aspects are to be found mostly in the weekly meetings of inmates participating in classes of effective speaking, salesmanship, practical psychology, criminology, creative writing, business management, and labor relations. Upon this basis the questionnaire was completed and returned. Warden Gough wrote:

> Actually, however, practically all the classes represented in the special educational activity are in turn of a group therapy nature and these have the leadership of inmates. Again the close counseling and group meetings of the supervisor with the ten or more teachers of the program has great group therapy significance in itself — in other words, you will find here "wheels within wheels." We are aware, too, that assemblies of sixty to a hundred and fifty, perhaps, are of a size that would not warrant classification as group therapy by some authorities in the field. We know, nevertheless, that the ends of the group therapy have been achieved in an unusual measure through the

---

1 S. R. Slavson, The Practice of Group Therapy, New York: International Universities Press, 1947, p. 29.

social education concept that has been back of this section of our educational work for a little over two years. We have used discussion leaders from our local Sales Executives club and the Personnel club to head many of our meetings. These leaders have been briefed in attitude building. We are knocking on wood - - - but not a single man has been returned to this institution yet who has completed a full ten week term of this particular activity.[2]

Atlanta has other activity in the institution which borders on group therapy but is not treated as such in this report. Principal among these are a weekly Town Hall Forum and Alcoholics Anonymous.

Among the institutions returning the questionnaire, the New Jersey Reformatory at Annandale has the most extensive group therapy program. This reformatory with ten to fifteen groups receiving group therapy concurrently and eight to fourteen participants in each group includes 26.6 per cent of the total prison population in the group therapy sessions. The West Virginia Penitentiary with one group of five participants includes only .02 per cent of the total prison population. These data are presented in Tables III and IV (pages 47 and 48).

There is considerable variation in the length of the group therapy programs, as indicated in Tables V and VI (pages 50 and 51). The Auburn State Prison in New York has the longest program, ranging from one to two years in length. The shortest program reported is at the West Virginia Penitentiary, which is of seven weeks duration. The program at the New Jersey State Reformatory at Annandale is twenty-five hours in length, which means that when an inmate has attended twenty-five one hour sessions,

---

2 Thomas J. Gough, Acting Warden, United States Penitentiary at Atlanta; unpublished letter of explanation accompanying the returned questionnaire.

TABLE III

NUMBER AND PERCENTAGE OF PRISON POPULATION RECEIVING GROUP THERAPY IN STATE CORRECTIONAL INSTITUTIONS EMPLOYING GROUP THERAPY THAT RETURNED QUESTIONNAIRES

Institution	1949 average population*	Average number receiving group therapy	Per Cent of population receiving group therapy
Iowa State Penitentiary	1187	55	4.6
State Prison of Southern Michigan	5743	56	1.0
State Reformatory Saint Cloud, Minnesota	887	96	10.8
New Jersey State Reformatory, Annandale	538	143	26.6
New Jersey State Reformatory, Bordentown	588	70	12.0
Auburn State Prison New York	1636	30	1.8
West Virginia Penitentiary	1978	5	.02

*The average 1949 populations were obtained from State and National Correctional Institutions of The United States of America, Canada, England, and Scotland, August, 1950, The American Prison Association.

TABLE IV

NUMBER AND PERCENTAGE OF PRISON POPULATION RECEIVING GROUP THERAPY IN FEDERAL CORRECTIONAL INSTITUTIONS EMPLOYING GROUP THERAPY THAT RETURNED QUESTIONNAIRES

Location of institution	1949 average population*	Average number receiving group therapy	Per cent of population receiving group therapy
Atlanta, Georgia	2121	93	4.4
El Reno, Oklahoma	967	36	3.7
Tallahassee, Florida	389	80	20.6

*The average 1949 populations were obtained from State and National Correctional Institutions of the United States of America, Canada, England, and Scotland, August, 1950, The American Prison Association.

he has completed the full program of group therapy. For the State Reformatory at Saint Cloud, Minnesota, the length of the program is one year for one group and four months for the other group. No information pertaining to the length of the group therapy program at the Iowa State Penitentiary was available because the first group sessions were started in January 1950, and at this writing are still in progress. There is no well defined length to the group therapy program at the Federal Reformatory at El Reno, Oklahoma, because the program is continuous and participants enter and leave the program at any time. The average length of time that inmates remain in the program is thirty weeks. This is also true for the New Jersey State Reformatory at Bordentown, which has an open end kind of treatment with no well defined cycle of turnover. The average length of time that participants remain in this program is six months.

There is a wide range of answers in reply to question six on the questionnaire which pertained to frequency of sessions. The frequency of sessions ranged from once a week to once a day. The frequency of sessions varies with the individual's need at the New Jersey Reformatory at Annandale. At times individual members are shifted from group to group or treated in individual psychotherapeutic sessions as the need arises. The Federal Correctional Institution at Tallahassee, Florida, also varies the frequency of sessions by conducting sessions twice a week for two groups and once a week for the other two groups.

There is very little difference in the length of the sessions -- the range being from one to two hours in all institutions returning

TABLE V

EXTENT OF GROUP THERAPY IN STATE CORRECTIONAL INSTITUTIONS FOR ADULT MALES RETURNING QUESTIONNAIRES

Institution	Number of groups	Number in groups	Length of program	Sessions per week	Length of sessions in hours
Iowa State Penitentiary	5	7-15	*	1	2
State Prison of Southern Michigan	4	12-16	1 year	6	1
State Reformatory Saint Cloud Minnesota	2	40-55	1 year# 4 months	1	1
New Jersey State Reformatory Annandale	10-15	8-14	25 hours	1 or 2	1
New Jersey State Reformatory Bordentown	5	14	6 months	2	1½
Auburn State Prison New York	2	15	1 to 2 years	3	1½
West Virginia Penitentiary	1	5	7 weeks	3	1

* Program started January, 1950, and still in progress.

One year for one group and four months for the other group.

TABLE VI

EXTENT OF GROUP THERAPY IN FEDERAL CORRECTIONAL INSTITUTIONS FOR ADULT MALES RETURNING QUESTIONNAIRES

Location of institution	Number of groups	Number in groups	Length of program	Sessions per week	Length of sessions in hours
Atlanta, Georgia	1	60-125	10 weeks	1	$1\frac{1}{2}$
El Reno, Oklahoma	2	15-20	30 weeks	1	1
Tallahassee, Florida	4	15-25	4 months	1 or 2*	$1\frac{1}{2}$

* Once a week for two groups and twice a week for two groups.

questionnaires, as summarized in Tables V and VI (pages 50 and 51).

Quite frequently inmates are prevented from completing the full program of group therapy, as indicated in Tables VII and VIII (pages 53 and 54). Only one institution, the State Reformatory at Saint Cloud, Minnesota, reported that 100 per cent of those who began the group therapy program were able to complete the full program. No institution reported having less than fifty per cent of those enrolled completing the entire program. These figures were not obtainable for the New Jersey Reformatory at Bordentown or the Federal Reformatory at El Reno, Oklahoma, because of the continuous nature of these programs with no well defined beginning or end. This information was also not available for the West Virginia Penitentiary because the first group is still in process. No information on this question was given by the Federal Correctional Institution at Tallahassee, Florida.

The information obtained in answer to question eight in the questionnaire, which relates to the selection of the participants for the group therapy sessions, was of such a nature that it was not feasible to construct a chart showing the quantitative nature of this information. The returned questionnaires revealed that institutions using group therapy, with one exception, the State Reformatory at Saint Cloud, Minnesota, selected participants with average or better than average intelligence. The reason for using average or better than average intelligence is not that mental deficiency, on the whole, hinders adequate interaction with the group, but that the chief difficulty lies in its frequent association

TABLE VII

PERCENTAGE COMPLETING THE FULL PROGRAM OF GROUP THERAPY IN STATE CORRECTIONAL INSTITUTIONS FOR ADULT MALES THAT RETURNED QUESTIONNAIRES

Institution	Per cent completing program
Iowa State Penitentiary	91.6
State Prison of Southern Michigan	50
State Reformatory Saint Cloud, Minnesota	100
New Jersey State Reformatory, Annandale	75
New Jersey State Reformatory, Bordentown	An open end kind of treatment with no well defined cycle or turnover.
Auburn State Prison New York	50
West Virginia Penitentiary	First group still in process when questionnaire was completed.

TABLE VIII

PERCENTAGE COMPLETING THE FULL PROGRAM OF GROUP THERAPY IN FEDERAL CORRECTIONAL INSTITUTIONS FOR ADULT MALES THAT RETURNED QUESTIONNAIRES

Location of Institution	Per cent completing program
Atlanta, Georgia	50-60
El Reno, Oklahoma	Program continuous
Tallahassee, Florida	Information not given

of mental deficiency with psychopathic traits.[3]

The State Reformatory at Saint Cloud, Minnesota, has a group therapy program for mental defectives only, which is administered in the Youth Conservation Reception Center Annex. This program is compulsory for all mental defectives received at the reception center. The group therapy sessions are directed by a psychiatrist and a teacher from the institution's educational staff.

In the West Virginia Penitentiary and the New Jersey State Reformatory at Annandale, individuals with mild mental disturbances were selected for special group therapy programs, which were conducted separately from the other group therapy sessions carried on in the institutions. In the West Virginia Penitentiary, "those with personality disorders, not too advanced,"[4] were selected on the basis of intelligence alone for didactic group therapy. J. W. Klapman, M. D., member of the faculty, Northwestern Medical School, defines didactic group therapy as group therapy administered through a textbook or prepared script.[5] The primary difference between didactic group therapy and interview group therapy, which is ordinarily employed in the treatment of non-neurotic criminal offenders, is the use of the prepared script or textbook to determine the course of the discussion, which takes the burden of deciding what will be discussed from the participants and places it upon the therapist. Didactic group therapy

---

3 J. Abrahams and L. W. McCorkle, "Group Psychotherapy of Military Offenders," American Journal of Sociology, Vol. 51, No. 5, March, 1946, p. 457.

4 Clinical Psychologist, West Virginia Penitentiary, unpublished questionnaire answer.

5 J. W. Klapman, in Slavson, The Practice of Group Therapy, p. 250.

is usually used with groups in which the participants are suffering from some form of neurosis.

There may be some doubt as to whether didactic group therapy can be as effective as that which is conducted in an atmosphere of free discussion. Klapman writes that inspirational lectures can arouse much enthusiasm and generate emotionally charged convictions, but under average conditions the audience or class remains passive listeners. Only if the lectures allude to material that touches off a patient's identifications, can the therapist enlist active participation. In didactic group therapy this is accomplished through the textbook from which the patients read aloud. The text also serves to stimulate patient's recollections and effects. Despite subject matter which is probably involved for the average patient, it is significant how often "complex indicators" are uncovered concerning which patients will evidence far more comprehension than they might otherwise be credited with. It is not necessary that the patient understand intellectually all the material dealt with in class; the process of identification and group interaction contribute their own even more fundamental therapeutic effects.[6]

Because the group therapy programs were all voluntary, except for the compulsory program for mental defectives at the Minnesota State Reformatory, the primary basis for selection of inmates to be included in the group therapy programs is an expressed desire, on the part of the inmates, to take part in the program. The United States Penitentiary at Atlanta, Georgia, selects only those who express a desire to improve themselves, and those who do not have some insight into their own difficulties are

---

6 Ibid., pp. 251-253.

not encouraged to take part in the program.

The procedure at the New Jersey State Reformatory at Bordentown is to select, on the basis of a subjective evaluation of their potential responses to this kind of treatment, from those inmates who volunteer for group therapy.

The New Jersey State Reformatory at Annandale uses a slight variation of the usual procedure by making the first three sessions compulsory, and continuance in the program voluntary. This procedure has merit in that it permits the inmate to observe the program as it is actually carried on before he makes the decision whether or not to continue in it. If an inmate does not actually participate in the group therapy sessions, the only opinions he can form of what is actually going on in them will be obtained from the prison "grape vine." The information transmitted through the "grape vine" contains personal biases, and does not give the inmate enough objective information to enable him to form an intelligent opinion of the group therapy program.

The question is then raised as to whether three sessions is sufficient for an inmate to form an intelligent opinion of the program, which is a debatable question and cannot be answered at present.

Information obtained from the questionnaires indicates that length of sentence, criminal record, and age of the inmates are not used as a basis for selection in any of the institutions employing group therapy. The conduct record of the inmate in the institution was used only in the Federal Reformatory at El Reno, Oklahoma, where the personnel conducted

one separate group for inmates with poor conduct records in the institution.

There is considerable variation in the qualifications of the directors of the group therapy programs, as indicated in Table IX (page 59). Teachers and psychologists are most frequently used. Only three institutions reported using psychiatrists and one institution reported using an inmate as the director of the program. No information about his personnel qualifications was given.

Questions under number eleven in the questionnaire were designed to attempt to get some information on the success or failure of group therapy in the treatment of criminal offenders, but because of the relatively short time that this method has been employed in correctional institutions and also because of meagerness of the data that were obtained from these questions, no attempt will be made here to determine the success or failure of this activity as a method of rehabilitating criminal offenders. However, several institutions employing the technique have had excellent results in reducing recidivism rates of discharged inmates who have completed the group therapy programs. The United States Penitentiary at Atlanta, Georgia, reports that not a single man who has completed the full ten week term of this particular activity has been returned to the institution. As the program at Atlanta was initiated in 1948, insufficient time has elapsed for this record to be conclusive. Far too many factors other than the ten-week participation in the group therapy program are involved to make any attempt to determine the general effectiveness of all group therapy at this time.

TABLE IX

QUALIFICATIONS OF DIRECTORS OF GROUP THERAPY PROGRAMS

Qualifications	Total Number
Psychiatrist	3
Psychologist, Ph. D.	1
Psychologist, no Ph. D.	4
Chaplain	2
Teacher	5
Social Worker	2
Inmate	1
Social Administrator	1

Because group therapy has been applied to such a wide variety of uses, with their necessarily different goals and different methods, it is extremely difficult to evaluate with any certainty the success of these approaches. In a regrettably large number of instances, no statistical analysis at all has been made of the results. But while no carefully controlled experiments have as yet been made of the success or failure of group therapy, there is an almost unanimous opinion, among those who have been engaged in this work, that it is an effective method of redefining social attitudes. These opinions have been expressed in the literature on the subject as indicated in the following quotations:

> Group psychotherapy has been studied sufficiently to be appreciated as being more effective than any other method in the treatment of certain neurotic states. Some of its dynamics are unique properties which make it highly effective in the penal institution.[7]

Slavson writes:

> One cannot assume that all persons who come for help with problems in personal and social adjustment can, or should be, treated in groups; but it is our understanding, based upon years of observation and experimentation, that a large number of persons, and especially children, can be helped through groups only.[8]

Before group therapy can become an accepted technique, it will be necessary that its hypothesis be subjected to the crucial test of the control group method.

At the present time group therapy, as revealed by the returned questionnaires, is not practiced very extensively in the state and federal

---

7 S. B. Hadden, "Group Therapy in Prisons," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, p. 180.

8 S. R. Slavson, The Practice of Group Therapy, p. 22.

correctional institutions for adult males. But the questionnaire returns seem to indicate that group therapy will be used in more correctional institutions in the future. Three institutions have indicated that they have definite plans to establish group therapy programs within the next year. These three institutions are: (1) California Institution for Men, (2) California State Prison at Soledad, and (3) Michigan Reformatory at Ionia.

The California Institution for Men plans to start several sessions in group therapy as soon as the program can be organized under the direction of a professionally qualified person. Their plans call for, "two two-hour sessions two evenings a week."[9] Participants would be made up of men, who, in the judgment of the staff, might profit from group therapy sessions. Attendance at the sessions would be mandatory for the selected group. Although attendance would be mandatory, participation in the discussions of the group would be voluntary. Any attempt at forcing the inmates to participate in the discussion of the group would not be consistent with the free and permissive aspect of group therapy theory. It is part of the duties of the therapist to get the participants, of their own free will, to take part in the discussions.

The California State Prison at Soledad just recently acquired a psychiatric social worker and plans to have him organize groups under the direction of the prison psychiatrist.

The Michigan Reformatory at Ionia has for several years been conducting an extra-curricular class one evening a week, which began as a

---

9 Roland W. Wood, Acting for Associate Superintendent, Care and Treatment, California Institution for Men, unpublished letter written in response to questionnaire.

public speaking course, but grew into a discussion group in which the inmates were permitted to discuss any subject they desired with utmost candor. The class was limited to twenty members, all volunteers, of normal or above normal intelligence. While their range of subjects was wide, they soon discovered that each man was most interested in the question, "What makes me like I am?" or "How am I different, and why did it have to happen to me?" Vance E. Thomas, the Prison Counselor, wrote:

> Ultimately, we discerned some significant changes in attitudes of a number of these young men. The number of cases affected and the degree of change in each case, have impelled us to begin laying the foundation for a program of Group Therapy. We expect to organize several groups this fall [1950]; each group will be selected and the course of treatment designed to meet their common needs. We are convinced that many of the defects of personality of our young men can best be treated in this manner.
>
> Warden Heyns and our Classification Director, Sidney Smith, are working with several counselors for the organization of this mode of treatment.[10]

Representatives of several institutions have written that they are interested in group therapy and are studying the procedure in order to establish the method as soon as budgets and facilities permit. These institutions are the Illinois State Penitentiary at Pontiac, the Missouri State Penitentiary, the Oklahoma State Reformatory, the South Carolina Penitentiary, the Texas Prison System, the United States Penitentiary at Terre Haute, Indiana, and the Indiana State Prison.

Stow E. Symon, Supervising Sociologist of the Illinois State Penitentiary at Pontiac, has written:

> The need for group therapy has been recognized, but so far, we do not have the staff to offer this. Quite likely, at some time in the

---

10 Vance E. Thomas, Prison Counselor, Michigan Reformatory, unpublished letter accompanying the returned questionnaire.

future, we may be able to institute a limited program of this type, probably in connection with those inmates who are soon due to be released upon parole. So far, this idea is only in the planning stage and would be conducted in cooperation with other Divisions of the State, such as the Prisons, Division of Supervision, etc.[11]

A. D. Saucier, Director of Classification at the Missouri State Penitentiary, reports:

Our efforts in rehabilitation of criminal offenders have been directed toward individual treatment through case work and counseling. To date we have not ventured far into the field of group therapy. However, it is our intention to do so in the near future.[12]

The South Carolina Penitentiary expects, in the near future, to complete new penitentiary buildings, and then the administration plans to do something along the group therapy line.

The Texas Prison System does not use group therapy at the present time because they have an inadequate staff, but in the next appropriation from the Legislature they hope to obtain a clinical psychologist to assist them in establishing a program.[13]

J. E. Overlade, Warden of the United States Penitentiary at Terre Haute, Indiana, said they do not have a regular program making use of group therapy, but they are making more and more use of group meetings and group discussion in handling many phases of their work, particularly

---

11 Stow E. Symon, unpublished letter written in answer to questionnaire.

12 A. D. Saucier, unpublished letter written in answer to questionnaire.

13 R. C. Koeninger, Director, Bureau of Classification and Records, Texas Prison System, unpublished letter written in answer to questionnaire.

in their pre-release program where special emphasis is placed on preparing the inmates for their release from the institution. "We have followed the development of thinking along this line with a great deal of interest," wrote Warden Overlade, " and hope at some future time to test the possible results."[14]

At the Indiana State Prison, the use of group therapy is not being practiced, but John W. Buck, the Inmate Welfare Worker, writes:

> The Psychologist and the sociologist (myself) have discussed this, and fully recognize the need for such a program. The psychiatrist (part-time at the Indiana Hospital for Insane Criminals - attached to the prison) has also suggested such a step. Much ground-work will have to be accomplished to allay suspicions on the part of many inmates and officers, although many men from these two groups will welcome such a program. There are so many ramifications to the establishment of such a program that one could not possibly cover all factors involved. Each institution differs in structure, vested interest groups, tradition, mores, etc.[15]

Experimental work in group therapy has been carried on at the Indiana State Prison under the direction of Isaac Jolles. This experimental work was in the nature of classes in industrial psychology[16] and criminology.[17]

During 1944, Mr. Jolles offered a course in industrial psychology at the Indiana State Prison, the course being part of the educational program at the prison and sponsored by the Indiana University War Training

---

14 J. E. Overlade, unpublished letter written in answer to questionnaire.

15 J. W. Buck, Inmate Welfare Worker, Indiana State Prison, unpublished letter written in answer to questionnaire.

16 Isaac Jolles, "An Experiment in Group Guidance," The Journal of Social Psychology, Vol. 23, February, 1946, pp. 55-60.

17 Isaac Jolles, "An Experiment in Group Therapy for Adult Offenders," Federal Probation, Vol. 10, No. 2, April-June, 1946, pp. 16-19.

Service. The only objective of the course was to teach the principles of industrial psychology to a lay group. The course had lasted only about four sessions when it became apparent that something else was being achieved. The inmates were gaining a new and healthier perspective of the psychological program at the prison and were becoming interested in their own vocational possibilities. Once the instructor became aware of this phenomenon, he permitted the course to stray from the original objective, and he began to strive for an entirely different goal. The new and different objective became a psychotherapeutic one, and it was hoped that vocational guidance, and a change in the inmate's attitude toward the psychological program in the prison would be achieved.

Mr. Jolles reported that when the course was completed, it was quite obvious that all of the participating inmates had changed their attitudes toward psychology as a science and were willing to accept many of its features. All of them gained at least some insight into their vocational problems. It should be mentioned that the group consisted of ten inmates with average or superior mentality, all of whom were at first doubtful as to the value of psychology in any institution.

Mr. Jolles felt that this technique could be carried over into other forms of psychotherapy, so in 1945 he decided to offer two courses in criminology to the inmates of the same institution.

He used three criteria in the selection of the inmates to be included in the course: the inmate must volunteer without having been urged by anyone; he must have a reading grade equivalent to at least 9.0 on the

advanced Stanford Achievement Test; and he must have an I. Q. of at least 110 on the Wechsler-Bellevue Intelligence Test. This means that all the individuals in the group were above average in mentality.

The classes in criminology met one hour per week for a period of twelve weeks. The content of each course included the usual sociological and psychological factors in criminal behavior as presented in most textbooks on criminology. Actual case histories of members of the class were presented to the class for discussion. When a case history was presented, nothing was omitted except identifying data. Mr. Jolles found this to be a most valuable part of the course, since it stimulated more than anything else an inmate's thinking in terms of his own case history and personality difficulties. All but one of the participants expressed the belief that the course helped them with their problems.

Mr. Jolles concluded that there is some evidence to indicate a therapeutic value in teaching criminology to criminals, but further experimentation on this problem is warranted.[18]

---

18 Ibid., p. 19.

CHAPTER V

SUMMARY AND CONCLUSIONS

The primary problem undertaken in this study is to make a survey of the practice of using group therapy in the treatment of criminal offenders in state and federal correctional institutions for adult males in the continental United States. A secondary problem is to present the psychological principles involved and the historical development of group therapy.

The method used in this study is that of a questionnaire, mailed to the ninety state and federal correctional institutions for adult males in the continental United States. The limitations of the study are to be found in the weaknesses of the questionnaire method. One weakness of the questionnaire affecting the results of the study is that of non-response to questionnaires.

What has been found in this study is not a complete or entirely adequate description of the practice of using group therapy in correctional institutions. It is only a description of the group therapy program in those state and federal correctional institutions for adult males that returned the completed questionnaires.

The data obtained from the questionnaires show that group therapy is used in the treatment of criminal offenders in ten state and federal correctional institutions for adult males. It is not feasible at this time, with the data that are available to make any attempt at determining the success or failure of group therapy in the treatment of criminal offenders.

The small amount of information available on the success of group therapy shows the need of more study, not only from the economic viewpoint of saving the correctional institutions time and expense, but also for the sociological aspect of reducing crime and delinquency.

The questionnaire returns indicate that the ten institutions using group therapy are not using it very extensively. Only a small percentage of the total prison population is included in the group therapy programs. However, questionnaire returns indicate that group therapy will be used by more state and federal correctional institutions in the future.

The studies already completed demonstrate that group therapy has been used to treat many kinds of personality disorders with varying degrees of success. We need more information on the varied causative factors which are responsible for the changes in personality organization brought about in these group therapy sessions. We need more data on how these principles can be applied to the reorganization of the personalities of criminal offenders.

The historical survey of group therapy indicates that it has a long past, but a short history. The origins of group therapy are deeply embedded in human history, but it is only since 1932 that it became an accepted technique in the treatment of certain personality disorders.

It was in 1932 that the term group psychotherapy appeared for the first time in written form, and this is credited to Jacob L. Moreno, the leading pioneer in the development of this form of treatment. Group therapy developed most rapidly in mental hospitals where it was used in

the treatment of many varieties of personality disorders.

It was during World War II, when faced with the growing accumulation of personality disorders and an acute shortage of psychiatrically trained personnel, that group therapy went through its most rapid development. The psychiatrists of the Army and Navy were forced to treat large members of emotionally disturbed individuals en-masse. Considerable work was also done by both the Army and Navy in treating military offenders with group therapy. The group therapy developed in the military rehabilitation centers has influenced penal treatment in the United States.

The most rapid development of group therapy in state and federal correctional institutions occurred during the first three years after World War II.

The psychological principles involved in group therapy are primarily the same principles employed in individual psychotherapy, although the method of application is considerably different. The psychological principles found in group therapy are abreaction, catharsis, identification, and transference. Some psychotherapists have reported that they have found these principles to be more effective in group sessions than in individual psychotherapy.

There is some evidence to indicate that the cause of some psychological disorders may be found in group situations; therefore the solution of these disorders may be found in group situations.

For the psychological principles to be effective in group therapy, the therapist must encourage free emotional expression and incorporate these expressions into group sessions that have meaning and purpose for the participants. The role of the therapist must be one of neutrality.

Interview Group Therapy and Activity Group Therapy are the two principle types of group therapy.

It is believed that the objectives set forth in the Introduction have been accomplished and it is hoped that this study will form a focal point around which more studies of group therapy in correctional institutions will be made. It is suggested that similar studies of group therapy be made in institutions for juvenile delinquents and those for women offenders. There are many questions that of necessity have been left unanswered in this thesis. There is need for more investigations which will form a basis for answering these questions, particularly in connection with the success or failure of group therapy as a method of rehabilitating criminal offenders.

BIBLIOGRAPHY

A. BOOKS

Ackerman, Nathan W., "Some Theoretical Aspects of Group Therapy," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Barbato, Lewis, "Drama Therapy," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Blackman, Nathan, "Psychotherapy in a Prison Setting," R. M. Lindner and R. V. Siliger, editors, Handbook of Correctional Psychology. New York: Philosophical Library, 1947.

Chace, Marion, "Rhythm in Movement as Used in Saint Elizabeth's Hospital," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Curran, Frank J., "Group Treatment in Rehabilitation of Offenders," R. M. Lindner and R. V. Siliger, editors, Handbook of Correctional Psychology. New York: Philosophical Library, 1947.

Faris, Robert E. and Warren H. Dunham, Mental Disorders in Urban Areas. Chicago: University of Chicago Press, 1939.

Lewis, Nolan D. C., "Foreword," S. R. Slavson, The Practice of Group Therapy. New York: International Universities Press, 1947.

Menninger, William C., Psychiatry in a Troubled World. New York: The Macmillan Company, 1948.

Miers, Joseph I., "Origin and Development of Group Psychotherapy," J. L. Moreno, editor. Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Moreno, Jacob L., editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

_____, Psychodrama: First Volume. New York: Beacon House, 1946.

Overholser, Winfred, "Foreword," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Reckless, Walter C., The Crime Problem. New York: Appleton-Century-Crofts, Inc., 1950.

Rome, Howard P., "Therapeutic Films and Group Psychotherapy," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Schilder, P., Psychotherapy. New York: W. W. Norton and Company, 1938.

Solby, Bruno, "Group Psychotherapy and the Psychodramatic Method," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Slavson, Samuel R., An Introduction to Group Therapy. New York: The Commonwealth Fund, 1943.

_____, The Practice of Group Therapy. New York: International Universities Press, 1947.

Stevenson, G. S., "Foreword," S. R. Slavson, An Introduction to Group Therapy. New York: The Commonwealth Fund, 1943.

Ward, Milton H., "Note on Psychomusic and Musical Group Therapy," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Wender, Louis, "Group Psychotherapy," J. L. Moreno, editor, Group Psychotherapy: A Symposium. New York: Beacon House, 1945.

Young, Pauline V., Scientific Social Surveys and Research. New York: Prentice-Hall, Inc., 1949.

B. PERIODICAL ARTICLES

Abrahams, J. and L. W. McCorkle, "Group Psychotherapy of Military Offenders," American Journal of Sociology, Vol. 51, No. 5, March, 1946, pp. 455-464.

Bartemier, L. H., et al., "Combat Exhaustion," Journal of Nervous and Mental Diseases, Vol. 104, October, 1946, pp. 370-376.

Bion, W. R. and John Rickman, "Intra-group Tensions in Therapy: Their Study as the Task of a Group," Lancet, Vol. 265, November 27, 1943, pp. 678-681.

Bixby, F. Lovell and Lloyd W. McCorkle, "A Recorded Presentation of a Program of Guided Group Interaction in New Jersey Correctional Institutions," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, pp. 190-199.

_____, "Applying the Principles of Group Therapy in Correctional Institutions," Federal Probation, Vol. 14, No. 1, March, 1950, pp. 36-40.

Burchard, E. M., J. J. Michaels, and B. Kotkov, "Criteria for the Evaluation of Group Therapy," Psychosomatic Medicine, Vol. 10, September-October, 1948, pp. 257-274.

Clinard, Marshall B., "The Group Approach to Social Reintegration," The American Sociological Review, Vol. 14, No. 2, April, 1949, pp. 257-262.

Cypreansen, Lucille, "Group Therapy for Adult Stutterers," Journal of Speech and Hearing Disorders, Vol. 13, No. 4, December, 1948, pp. 313-319.

Emerson, W. R. P., "The Hygienic and Dietetic Treatment of Delicate Children by the Class Method," Boston Medical Surgery Journal, Vol. 163, 1910, pp. 326-328.

Faris, Robert E., "Culture Isolation and the Schizophrenic Personality," American Journal of Sociology, Vol. 40, No. 2, September, 1934, pp. 155-164.

Fidler, J. and C. Standish, "Observations Noted During Course of Group Treatment of Psychoses," Diseases of the Nervous System, Vol. 9, January, 1948, pp. 24-28.

Floch, Maurice, "Group Therapy in a Women's Prison," Federal Probation, Vol. 10, No. 4, October-December, 1946, pp. 34-36.

Greving, Frank T., "Group Treatment Potentialities in an Authoritative Setting," Mental Hygiene, Vol. 31, No. 3, July, 1947, pp. 397-408.

Hadden, Samuel B., "Group Therapy in Prisons," Proceedings of the Seventy-Eighth Annual Congress of Correction of the American Prison Association, Boston, Massachusetts, 1948, pp. 178-183.

Jelliffe, S. E., "Modern Art and Mass Psychotherapy," Boston Medical Surgery Journal, Vol. 179, 1918, pp. 609-613.

Jolles, Isaac, "An Experiment in Group Guidance," The Journal of Social Psychology, Vol. 23, February, 1946, pp. 55-60.

_____, "An Experiment in Group Therapy for Adult Offenders," Federal Probation, Vol. 10, No. 2, April-June, 1946, pp. 16-19.

Katz, E., "Arts and Crafts Films for Occupational Therapy with Neuropsychiatric Patients," Occupational Therapy Rehabilitation, Vol. 25, April, 1946, pp. 73-75.

Kotkov, B., "Bibliography for the Student of Group Therapy," Journal of Clinical Psychology, Vol. 6, No. 1, January, 1950, pp. 77-91.

McCorkle, Lloyd W., "Group Therapy in Correctional Institutions," Federal Probation, Vol. 13, No. 2, June, 1949, pp. 34-37.

Menninger, William C., "Psychiatric Experience in the War; 1941-1946," American Journal of Psychiatry, Vol. 103, March, 1947, pp. 577-586.

Shaskan, Donald A., "Evolution and Trends in Group Psychotherapy," American Journal of Orthopsychiatry, Vol. 18, No. 3, July, 1948, pp. 447-454.

Slavson, Samuel R., "Differential Dynamics of Activity and Interview Group Therapy," American Journal of Orthopsychiatry, Vol. 17, No. 2, April, 1947, pp. 293-302.

State and National Correctional Institutions of the United States of America, Canada, England, and Scotland, August, 1950, New York: The American Prison Association.

Strecker, E. A., "War Psychiatry and Its Influence Upon Postwar Psychiatry and Upon Civilization," Journal of Nervous and Mental Diseases, Vol. 101, May, 1945, pp. 401-413.

Thomas, Giles W., "Group Psychotherapy: A Review of the Recent Literature," Psychosomatic Medicine, Vol. 5, No. 2, April, 1943, pp. 166-180.

Weinberger, Jack, "Group Psychotherapy as Developed in a Military Setting; Its Application to Civilian Therapy," The Psychiatric Quarterly, Vol. 20, No. 3, July, 1946, pp. 470-484.

C. UNPUBLISHED MATERIALS

Buck, J. W., Inmate Welfare Worker, Indiana State Prison, unpublished letter written in response to questionnaire.

Clinical Psychologist, West Virginia Penitentiary, unpublished questionnaire answer.

Fox, Vernon, Deputy Warden, State Prison of Southern Michigan, unpublished letter accompanying the returned questionnaire.

Gough, T. J., Acting Warden, United States Penitentiary, Atlanta, Georgia, unpublished letter accompanying the returned questionnaire.

Koeninger, R. C., Director, Bureau of Classification and Records, Texas Prison System, unpublished letter written in response to questionnaire.

Overlade, J. E., Warden, United States Penitentiary, Terre Haute, Indiana, unpublished letter written in response to questionnaire.

Morris, George L., Superintendent, State Reformatory, Lincoln, Nebraska, unpublished letter written in answer to questionnaire.

Saucier, A. D., Director of Classification, Missouri State Penitentiary, unpublished letter written in response to questionnaire.

Symon, Stow E., Supervising Sociologist, Illinois State Penitentiary, Pontiac, Illinois, unpublished letter written in response to questionnaire.

Thomas, Vance E., Prison Counselor, Michigan Reformatory, unpublished letter accompanying the returned questionnaire.

Wood, Roland W., Acting for Associate Superintendent, Care and Treatment, California Institution for Men, unpublished letter written in response to questionnaire.

APPENDIX

SAMPLE QUESTIONNAIRE

1. Do you use Group Therapy in your institution? Yes?_____ No?_____

   If yes, answer the following questions.

2. How many individuals have been given Group Therapy in your institution since 1940?_____

3. How many different groups undergo Group Therapy concurrently?_____

   _____

4. How many participants are in each group?_____

5. For how long a period were the participants given Group Therapy?

   (Average)_____

6. How often are the Group Therapy sessions conducted? (Check below)

   A. Once a day?_____

   B. Three times a week?_____

   C. Twice a week?_____

   D. Once a week?_____

   E. Two times a month?_____

   F. Once a month?_____

   G. Other? (list below)

7. How long did each Group Therapy session last? (Check below)

   A. Thirty minutes?_____

   B. One hour?_____

   C. One and one-half hours?_____

   D. Two hours?_____

E. Three hours?_____

G. Other (Check below)

8. Were the participants in the Group Therapy selected? Yes?_____ No?_____

If yes, what was the basis for selection? (Check below)

A. I.Q.? Average?____ High?____ Low?____

B. No mental disorders?____

C. Good conduct record in institution?____

D. Poor conduct record in institution?____

E. Length of sentence? Long?____ Short?____

F. Criminal record? Felon?____ Misdemeanant?____

G. Age of individual? Under 30?____ Over 30?____

H. Other? (List below)

9. Was participation in the Group Therapy voluntary?____ Compulsory? ____

10. How many of those who began completed the full program of Group Therapy?_____

11. How many inmates have been released from your institution since 1940? _____

A. How many of these have been given Group Therapy?_____

B. How many of those that have been given Group Therapy have been returned to your institution?_____ To other correctional institutions?_____

C. How many of those that have not been given Group Therapy have been returned to your institution?_____ To other correctional institutions?_____

12. Who directed the Group Therapy? (Check below)

A. Psychiatrist? (M.D. Degree)_____

B. Psychiatrist? (Without M.D. Degree)_____

C. Psychologist? (Ph.D. Degree)_____

D. Psychologist? (Without Ph.D. Degree)_____

E. Chaplain?_____

F. Teacher?_____

G. Social Worker?_____

H. Inmate?_____

I. Other? (List below)

13. Position in institution of person filling in questionnaire?_____

_____

14. Name of Institution?_____

_____.

SAMPLE ACCOMPANYING LETTER

May 1, 1950

Dear Sir:

I am a graduate student engaged in writing my master's thesis for the Department of Sociology at the University of New Mexico on the use of Group Therapy in the treatment of criminal offenders. This research is dependent upon your helpful cooperation in supplying information on the use of Group Therapy in your institution.

All I would like you to do is to complete the enclosed questionnaire and return it to me in the enclosed post-paid envelope at your earliest possible convenience.

The term Group Therapy, as used in this questionnaire, means the work done with groups of inmates brought together in regular, informal, permissive sessions in an atmosphere of free discussion and where participants are encouraged by a leader to express themselves in discussing their own problems and feelings and those of the other participants in the group.

Your cooperation is extremely important and is urgently requested. By contributing to this research, you will be extremely helpful in furthering our understanding of the process involved in the rehabilitation of criminal offenders as well as preventing future generations from taking up a life of crime.

If this information cannot be supplied by you personally, would you please refer the questionnaire to the member of your staff that can supply this information. Thank you very much.

Sincerely yours,

Edgar N. Sampson

A GROUP THERAPY DISCUSSION

The following presentation is a recording of the conversation of a group of eighteen recidivists and technical parole violators who were brought together in "guided group interaction"[1] at the New Jersey Reformatory at Bordentown. It has been selected to illustrate some of the possibilities and difficulties of group therapy in the treatment of criminal offenders in correctional institutions.

R. I can't explain it.
J. I can't see it.
A. That's the way with me, when I went to Rahway. We both had — my partner had 7 years and I had 7 years. I did 38 months. He did 22 months.
S. Maybe it was the attitude, personal attitude.
Leader. Personal attitude.
S. It could be that.
R. The officers.
J. Ah. The officers, the officers. Shoot the officers.
E. They have something to do with it. They have a lot to do—
J. The officers.
Leader. Some of the fellows try to get at it by saying attitude. What is the fellow's attitude and would that be an important thing.
S. Sure.
Leader. He says it would be an important thing. Don't you think it would be an important thing?
A. You're going on your past record.
S. No, I mean the attitude you take in here.
Leader. Well, can you think of any reasons why this friend of yours got out before you at Rahway?
A. No, I have no reason whatsoever.
E. The way he behaves here. He's pretty good. He must have behaved the same at Rahway. I mean he has been pretty good here as far as I know so he couldn't have got in trouble up in Rahway.
Leader. Well, we will ask him. You got along OK in Rahway?
A. Yes.
Leader. He did well and his friend probably did well, too.

---

1 F. L. Bixby and L. W. McCorkle, "Applying the Principles of Group Therapy in Correctional Institutions," Federal Probation, Vol. 14, No. 1, March, 1950, p. 36. "To avoid any implications that all prison inmates are mentally abnormal or unbalanced we have elected to call the application of group therapy principles to correctional populations guided group interaction."

E. And he did good.

Leader. Yes, and his friend got out before he did.

A. And we both had two convictions before that and he got in more trouble in the institution than I did.

Leader. All right, and he was actually in more trouble.

S. Could they call that "jail-wise?"

Leader. "Jail-wise."

S. That's what I mean. They could use that, a guy is either a "hepster" or "jail-wise." This guy is "jail-wise" so keep him longer, they do that.

J. So why should they give you more time because you are "jail-wise?"

S. Because they do it.

J. So why should they, don't say they do that and that's the reason. That's a simple answer. Give me the answer why they do. Everybody's "jail-wise" if they stay here a certain length of time.

S. All right, they figure a man who knows how to keep out of trouble and keeps his nose clean right through the books is "jail-wise" right-off.

J. So where is your argument about doing what's right? If you do what's right you are "jail-wise." There is no argument.

R. That's right.

Leader. Well, how do you think they put people out on parole?

E. That's what I'm trying to find out. That's why I asked you. I don't know.

Z. The way I heard it -- on your behavior.

J. That's a lie for sure.

R. That's a line.

S. I had a talk with ..., and that little subject was brought up and he told me it was based mostly upon how you adjust yourself the way you are. In other words, say I am working for a transfer out of "A" Wing. All right, every time I put in for it they reject it. So I asked him naturally, why the hell can't I get transferred to a different wing? He says, well where do you want to get transferred to? I says, well, some fellows in there don't like me and I don't like them and there is a conflict there. You know. He said that is what we are trying to clear you up with by keeping you over there and making you adjust yourself to that, and if you can adjust to that which you don't want you are fit to go on parole. In other words, they want you to adjust yourself to what they want you to do and not what you want to do. See, you could pull an "easy bit" if they gave you everything you asked for. That ain't what they are looking for.

A. There is a hell of a lot you could ask for.

S. I know. (mutter)

R. I doubt that.

S. Even in a minor thing like getting transferred out of "A" Wing.

A. So you might want to do the same thing in some other wing.

S. Well, I might. But he wants me to adjust myself to the people in "A" Wing and learn to get along in "A" Wing.

J. What makes you think you can get along in another wing?

S. Because I'd be myself then.

A. Can't you be yourself in "A" Wing?

S. No.

J. Why can't you make those fellows leave you alone? You want to stay by yourself.

S. That is not the point. The point is they'll turn around and bother you anyhow. At least in one of the lock-up wings, if you don't want anybody around, you go in your cell and lock the door, and the hell with them. Right?

O. Sure.

B. Do you mean to tell me people bother you, S.

S. Yeah.

J. I think S. bothers people if I know S. I locked with you for 3½ months. If you come over to E-2 and pull the ... that you pulled on B-3 ....

S. Well, anyhow, that's what he said. I am just stating what he said, that's all.

Leader. Well, I think S. made a point. He said that really what determines whether or not a guy is ready to go out depends on his ability to get along in any kind of situation.

A. That's what he said.

J. That's the point of the institution.[2]

---

2 Ibid., pp. 39-40.

A REBUTTAL OF GROUP THERAPY

George L. Morris, Superintendent of the State Reformatory at Lincoln, Nebraska, does not consider that psychiatric or psychological treatment can bring about the rehabilitation of criminal offenders. His views are expressed in the following quotation:

> It is our opinion that everything that goes on in an institution in the way of group accomplishment is the only real group therapy that will successfully help people change their basic thinking. I have long felt that common sense rather than psychiatric and psychological treatment is the only method by which institutions of this type can really carry out their mission of rehabilitation. Perhaps I should call your process clinical metaphysics because we are certainly aware of the fact that what the individual thinks is the important thing and the individual's concept of reality is the only reality that he faces. There has been a tendency for many years to superimpose our pseudo scientific processes partially I think in an attempt to lift the responsibility from those in charge of our institutions relative to what really happens to the individual inmate.
>
> What goes on in an institution is of very little importance except as it bears on the future conduct of the individual after he has left. The whole process must be one of pushing and pulling and upsetting the individual, keeping him off balance, all done with the view to making him think for himself and see himself as he really is in perspective to society. Counseling and group therapy are fine things providing they are done by all the employees of an institution but I seriously doubt if a counselor or a psychiatrist sitting on the sidelines can add anything of material value to an institution's program through their own media. As far as the prevention of crime is concerned which you mention in your covering letter I think that as a society we must depend more on our school system for that purpose and that the important thing about our school system is not the buildings in which we teach our children or the textbooks from which they get the material that we cram down their throats but the personality of the teachers on an overall basis is the factor that will make our schools valuable in that respect or worthless.[1]

---

1 George L. Morris, Superintendent, State Reformatory, Lincoln, Nebraska, unpublished letter written in response to questionnaire.

EXCERPTS FROM LETTERS

The following excerpts taken from letters received in answer to the questionnaire have been included because they give the opinions of group therapy by some of the prison administrators who are not using group therapy. Because they do not contribute to the primary purpose of the study, they have been included in the appendix.

Roy G. Barrick, M.D., Criminologist, Division of Criminology, Department of Public Safety, State of Illinois:

> We recognize the rationale and the possibilities of group therapy for smaller institutions but when dealing with a steady monthly intake well over 100 and a resident population in the penitentiaries of approximately 7500 inmates, it is neither possible nor feasible for our limited staff to undertake group therapy.

L. C. Schilder, Warden of the Federal Reformatory at Chillicothe, Ohio:

> Thus far, our efforts with group therapy have been conducted by the Educational Department on a limited experimental basis with a few small groups. These groups have been informally organized but the meetings have been scheduled in advance. I wish to commend you for your selection of this subject matter for your thesis. Incidentally, I am very much interested in the results of your research, and would appreciate receiving the results of your studies.

Perry D. Hayden, Superintendent of the State Reformatory for Men at South Windham, Maine:

> We are interested in the subject, however, since "non-permissible, non-directed group therapy" has been going on wherever men have been assembled for years. I have listened to inmates discuss their own problems and feelings, plans and hopes among themselves for many years. To get them together, under intelligent guiding leadership, I presume is modern group therapy.
>
> Our nearest approach to group therapy is an attempt to run a minimum security plant for men between the ages of 16 and 36, without

arms, walls, guns, marching, physical force for punishment, etc. In this sense the inmate, and the group, is participating in their own control. I doubt the effectiveness of group therapy in a line custodial prison or Reformatory.

Price Chenault, Director of Education of the Department of Correction of the State of New York:

I am very much interested in the subject of group therapy and would like to know just what it is and what the techniques are and by whom it should be conducted. We have organized classes in the various institutions in the Department of Correction in what we term "group guidance." The program is centered around orientation for inmates living in institution environment, and just prior to release preparation for living on parole. I am of the opinion that this group guidance contains many of the elements of group therapy. I believe that the members of the Group Therapy Association do not accept what we are doing as group therapy.

James V. Bennett, of the Bureau of Prisons of the United States Department of Justice:

In practically all federal institutions now a certain amount of group counselling is done in connection with the orientation and prerelease preparation programs. This work cannot be classified as group therapy although in some instances it does affect attitudes and releases emotional tensions as well as clear up misunderstandings.

Group therapy projects have been started in several federal institutions over the past several years. The program at the National Training School for Boys has been the most extensive and has been in existence the longest (for a period of about three years).

GROUP THERAPY IN THE NATIONAL TRAINING SCHOOL FOR BOYS

The letter and questionnaire addressed to the United States Penitentiary at Lewesburg, Pennsylvania, was forwarded to the National Training School for Boys at Washington, D. C. As this institution has a group therapy program, the questionnaire was completed and returned to the writer.

The group therapy program at this institution was started in 1947, and approximately 350 inmates have received the treatment since that date. Four groups of forty to sixty participants receive group therapy concurrently for a period of three months. There is considerable variation in the frequency and length of the sessions; the frequency being from once a day to once a week, and the length being from thirty minutes to two hours.

Participation in the program is voluntary except for a special group of individuals with poor conduct records in the institution. In 1948 a special group was conducted for inmates that were below average in mentality.

The sessions are directed by a psychiatrist, a psychologist, and psychology students.

THE SOCIAL EDUCATION PROGRAM AT THE FEDERAL CORRECTIONAL INSTITUTION, SEAGOVILLE, TEXAS

The Federal Correctional Institution at Seagoville, Texas, according to Warden Cozart, uses a method of treatment which borders on group therapy, but does not fall into the definition of the term as it is used in this thesis. That is why the description of the treatment procedure used at Seagoville has been included in the appendix and not in the body of the study. They have elected to use the term social education to describe their form of treatment.

In order to have a complete and broad program of treatment, the institution's Social Education Committee believes that it is necessary to use both the direct and indirect approach. In the direct approach, direct contact type activities such as lectures and discussions groups devoted to actual social education studies are provided. The indirect approach sets up various group activities that provide situations wherein social education is acquired through participation in the activities.

A satisfactory social education program, Warden Cozart believes, calls for continuous social education throughout the inmate's stay in the institution, from the day he enters to the day he leaves. The program falls into three divisions: (1) The Admission Unit, (2) after release from the Admission Unit and until Pre-Release, and (3) Pre-Release. A complete social education program makes adequate provision for all facets of activity during a man's stay in the institution, such phases of life as work, recreation, education, religion, health, and citizenship.

The first phase of the social education program is that of the Admission Unit. This program is based on the assumption that jail cases (terms one year and under) and parole or conditional release violators will be retained in the unit for four weeks. A regular program is set up for this period. Discussions with prison officials are scheduled. These discussion periods are freely conducted, with the new inmate permitted to ask such questions and discuss such matters as he may choose.

The plan for the second phase has not yet been fully instituted, but free discussion periods with staff members are envisioned on institution and community life. The men are to be taught to organize acceptable activities and trained to appreciate and secure value from activities in which they ordinarily may never participate on the outside. Further free discussions groups are planned; the discussions to be built about a series of talks presented by outside speakers on various phases of life of interest to the men.

During the last ninety days of a man's confinement, the Pre-Release period, a series of meetings with persons representing the outside community are scheduled. At present the meetings number five. All talks are followed by free discussions, during which staff members and visitors move freely from table to table. The men are permitted to smoke, and complete informality is attained. Warden Reed Cozart reports that the Pre-Release program has been highly successful.