

**SOME EFFECTIVE CHANGE INDUCING MECHANISMS
IN
OPERATION IN THE SPECIALIZED TREATMENT
PROGRAM FOR THE SEX OFFENDER**

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Some Effective Change Inducing Mechanisms Seen to be in Operation in the Specialized Treatment Program for the Sex Offender at Western State Hospital, Ft. Steilacoom, Washington.

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ACQUISITIONS

Overview: The Origin, Reinforcement, and Remediation of the Psychopathic Condition.

Psychopathic behavior in our society generally is a public concern, and comes to the notice of the authorities and others, only when it is of a seriously delinquent or antisocial nature. As this is the case, it is interesting to observe that although some commonality of origin for the psychopathic condition is generally assumed, behaviors resulting from this condition among a psychopathic population can be clearly separated by the nature of the offense into identifiable groups. Included in these groups are the social psychopath, the criminal psychopath, the sexual psychopath, and others as well. Before proceeding to examine some aspects of a treatment program for one of these groups, the sexual psychopath at Western State Hospital,¹ a few general comments regarding the origin of the psychopathic condition, its nurturance and ultimate expression in the individual may be helpful.

"A pathological condition," writes Arthur Teicher, et al, "is rooted in a history of life-long difficulties: internalized rages and frustrations, blocked emotions, and specific areas of incompetence, dating back in time in terms of personal deprivation."² Although brief, this statement serves to keynote important factors in the origin of the pathological condition. Of particular interest to those concerned with psychopathology is Teicher's emphasis upon internalized rage, frustration, and areas of incompetence beginning early in the emotional life of the psychopath, as it is with these areas in mind that a number of treatment programs have been established to bring the behavior of the psychopathic person into an acceptable realm of functioning. Of interest also, is Teicher's further explanation concerning

the way this condition may relate to conflicts with authority or power figures, and he writes, "Usually, personal deprivations arise out of intense sibling rivalry, lack of appropriate family feelings and conflicts with maternal or paternal figures, either in perceived or actual struggles involving injustices or power clashes."³

The personal deprivations and inadequacies noted above by Teicher force resort by the psychopathic person to various compensatory devices, such as manipulation, deception and fantasy, which eventually come to influence strongly, if not totally control, his or her daily behavior. This phenomena is so well accepted by professional researchers it has become a commonplace to observe that once a psychopathic condition has been established it forms a self-defeating self-reinforcing cycle. Yet such an observation illuminates in only a limited way the tendency of the psychopathic personality to maintain itself through a highly structured, rigid, cognitive system that further handicaps an already minimal ability to draw emotional nourishment from social interaction. For, ironically enough, as the psychopathic person can be seen to rely more and more upon compensatory devices as a means to achieve desired goals, the ability to overcome the need for these devices is decreased. Rewards gained with compensatory behavior teaches dependence upon this behavior. Eventually the individual ceases to believe that existence is possible without compensation and gives up altogether attempting straightforward or original responses. Even the ability to perceive reality is affected and the psychopath forces all information from the environment into a distortion producing, but familiar, cognitive system. As Teicher explains, "Patterned modes of perception and cognition continue to support this pathological process, guaranteeing experiences that lead to further distortions

of reality and increasing loss of autonomy, characteristics solely of pathology."⁴

The remediation of the pathological condition is presently a subject of wide interest, especially in the criminal justice system, and the methods employed in treating the psychopath are varied as the expression of psychopathy, itself. There is, however, general agreement that a restructuring of the psychopathic cognitive system to enable the individual to apprehend and process information from his or her environment with some degree of accuracy, and the assurance that the individual is able to make an appropriate response to this information, is in order. That a treatment program designed to accomplish these goals may take an intense effort over an extended period of time is also generally agreed upon. As Teicher writes, "Persons with a history of psychopathology cannot integrate new behavior in a short-term intensive group experience. In group psychotherapy relearning is accomplished in small, graduated steps under the control and responsibility of the therapist; defenses are worked through and time is allowed for cognitive restructuring of emotional experiences."⁵

Group Therapy with Psychopathic Populations:

Of the treatment methods now available to the behavior modification therapist who wishes to address problems of cognitive restructuring and appropriate behavioral responses in a psychopathic population, none is so widely resorted to as the group therapy model. Yet even within this fairly narrow option, a variety of theories have been advanced to explain behavior changing mechanisms seen to be in operation. Michael Diamond has suggested that behavior changes in a group setting can best be understood as a "chain of contingencies"

interacting after a stimulus has been introduced which results in observable behavior. He has also suggested that a social learning theory model is useful in understanding the variables of group-induced behavior change when he comments:

SLT distinguishes between learning (acquisition) and performance. The former is regulated primarily by sensory and cognitive processes, while the latter depends more on incentives and direct reinforcement. Cognitive mediation (i.e., information processing) is important, and expectations regarding probable consequences and the value of various consequences play a major role in determining behavior. Behavior maintenance and its generalization to new stimulus situations depend on adequate practice and self-reinforcing functions, as well as a host of variables intrinsic to the specific training procedure....⁶

Because social learning theory admits of the distinction between acquisition and performance, it will be taken as a convenient theoretical framework for discussion of treatment with psychopathic populations.

Noteworthy in Diamond's explanation is his emphasis upon the relationship between cognitive processing and behavior and, further, that he stresses behavior maintenance is contingent upon practice and reinforcement. Behavior change, then, in a group setting must be seen as a complicated and lengthy endeavor requiring both patience and effort on the part of everyone involved if success is to be anticipated. Arthur Teicher and his associates summarized this important concept in psychotherapy when they write, "The goal of therapy is not the replenishment of a social hunger, but the remediation of an illness through the restoration of psychic processes which have become impaired or have not developed adequately. Psychotherapy is a time-consuming, complex activity that involves the intellectual, emotional, conative, and cognitive apparatus of the individual."⁷

Particular Aspects of Treatment for the Sexual Offender at
Western State Hospital.

To mount the comprehensive and intense treatment approach suggested by the social learning theory model for a constrained sexual offender population requires that a number of tactical difficulties must first be overcome. Among these are the need for 24-hour a day behavior monitoring and adequate internal mechanisms to ensure that behavior and its effects are correctly fed back into the treatment medium so that they may eventually reach the individual in a non-hurtful and helpful way. The approach taken in the Western State Hospital program is that of a peer group oriented model in which members involved in the treatment process are primarily encouraged to learn interdependently from one another in a group setting. That the peer group oriented model can provide a basic research and treatment medium has been demonstrated and reported many times in the literature, most notably by Yalom, who draws upon Sullivan's concept of psychopathology originating in an interpersonal matrix and Alexander's postulate of the "corrective emotional experience" to develop his theory of "interpersonal learning" as the heart of the group psychotherapeutic experience.

Although the group oriented model has been accepted as an effective treatment device for a psychopathic population, agreement as to which factors operate for the remediation of psychopathy in the treatment group is far from complete. Yet it is widely held that identification with others in the treatment culture, acceptance by that culture, and a cohesive bond or sense of belonging to the treatment group operate as effective mechanisms of personality change. Morton A. Lieberman contends that these important elements of the treatment process exist largely due to the group, itself,

rather than an individual therapist, or a team of therapists, undertaking treatment of the group.

Studies of curative factors in groups, suggesting that certain experiences (such as the ability of a person to identify with the experience of another without directly participating in it or the experience of finding similarity between oneself and other human beings) are powerful mechanisms of change, also call into question the contribution of leaders. Such mechanisms exist more because of the intrinsic characteristics of intensive peer group experience than because of the behavior of the leader.⁹

Despite the divergence of opinion as to which specific mechanisms are effective in bringing about a change in the individual involved in the peer group retraining model, some basic values of the treatment medium have been reported. Among these is the ability of the group to provide feedback information to group members in an accurate and non-hurtful way. This enables the individual to grasp, in many cases for the first time in his or her life, both an objective evaluation of his or her behavior and of the motivational system which inspires it. In addition, individuals have the opportunity to seek group review for behaviors based upon a value system they, themselves, may question. As Dr. Myron F. Weiner has written, "Self-observation and consensual validation lead to interpersonal self-awareness of one's strengths, limitations, parataxic distortions, and the maladaptive behavior that produces unwanted responses from others."¹⁰

The ultimate effect of a psychopathic life style is internalization of the idea that the individuals are of negligible value to themselves or to society. In many cases the psychopath cannot accept that he or she may be a person of worth or a person someone else could actually care for. Because of this the psychopathic person, as Dr. Weiner explains, "...is unable to distinguish between objectionable aspects of his behavior and the totally objectionable self. The accurate feedback of the therapy group enables

him to make this distinction." ¹¹ In the treatment program at Western State Hospital for the sexual offender this distinction is clearly established with a new member of a therapy group almost immediately upon entering the treatment program. In outlining this distinction made to the individual, Dr. George MacDonald, director of the program, has written, "From the outset he is made to feel that although his deviant behavior is deplored, he is heartily welcomed by a group who understand him and will help him to change if he wishes to do so." ¹² Specific to the program at Western State Hospital are four basic objectives outlined by Dr. MacDonald, "Recognition of harmful behavior patterns, understanding of their origin and operation, acceptance of responsibility for change, and application ¹³ of new patterns of responsible behavior in dealing with people."

For these objectives to be successfully reached the accurate feedback of the therapy group is of primary importance. And while this learning process is ongoing, the group member, at the same time, may use the therapy group as a resource and reference to test the accuracy and validity of his or her own insight into behavior. Clearly, however, this purely cognitive progress is insufficient to ensure that a new value system and new behavioral response repertoire can be continued under non-treatment conditions. Consequently, a substantial period of practice that includes suitable reinforcement is in order to enable the individual to feel comfortable and secure with a newly modified life style.

Important considerations in this process of cognitive restructuring and behavior modification are first, the ability of the individual to accept that change is possible and a more satisfying life style available, and second, that he or she is a person of sufficient ability and worth to benefit

from the treatment process. Treatment must seem real and genuine to the individual and the degree to which it does is an important indicator of precisely how successful the treatment program undertaken will be. As Dr. Weiner has noted, "The depth and meaningfulness of such interpersonal awareness is in direct proportion to the amount of affect felt in association with a given transaction. From awareness comes willingness to risk new types of behavior and expression. Changed behavior may lead to new cycles of interpersonal learning via self-observation and group feedback."¹⁴

If, then, the psychopathic person involved in the treatment program can be assured a therapy group is authentically interested in his or her welfare and success, many long-standing fears and anxieties can be explored in a non-threatening way in the group. The neutralization of threat to the individual in this treatment environment allows open self-expression, exploration of personal value systems and an opportunity to seek acceptance much more straightforwardly than ever before. Simultaneously, the substantial amounts of energy that had hitherto been directed toward maintaining a defensive posture can be rechanneled into constructive informational processing, which in turn forms its own contribution to the therapeutic community. This process has been clearly identified and described by Michael J. Diamond, "In particular, anxieties about verbal and physical self-expression (assertion) and fears concerning loss of control, authority figures, evaluation, and rejection can be desensitized when neutral or positively valued affective responses are emitted in conjunction with the previously feared stimulus in a nonthreatening, even if unsystematic, manner."¹⁵

Increasing ability to take a position of being open to information in group therapy and receive acceptance for even minimal contribution is encouraged in the treatment process at Western State Hospital. For it is here the individual gains gradually in the idea that he or she is valued by the treatment community and forms a significant part of the treatment society. The pertinence of this treatment aspect is emphasized by Dr. MacDonald, "Unlike most other programs we are aware of, ours makes a special effort to give participants a feeling of dignity and to enhance that feeling throughout treatment. For men who are pariahs in most hospitals and in all jails and prisons, that approach is unusual and plays a critical part in rehabilitation."¹⁶

The emphasis placed upon developing a sufficient notion of self-worth in treatment is perhaps best understood by considering this to be a process which serves as a further reinforcement for on-going introspection and behavior change. Thus, as the individual receives rewards for gains in treatment these same gains may lead to further progress. This process has been described by Dr. Weiner who has written, "An 'adaptive spiral' is set into motion as the patient's interpersonal distortions lessen, self-worth heightens, and there is less need for social concealment. This leads to greater approval and acceptance by others, which enforces self-esteem and facilitates further change."¹⁷

The specific change supported at Western State Hospital in the treatment program for the sexual offender is interaction on a non-hurtful basis with other persons in the individual's treatment community. The relationship between these two facets of treatment has been illuminated by Dr. MacDonald, "Constant efforts are made to maintain a milieu that will reinforce and

enhance the patient's feeling of self-worth and transmit the expectation that he will behave in an appropriate and responsible manner characterized by real concern for himself and all others affected by his actions." ¹⁸

Group Cohesion as an Effective Element in Promoting Individual Behavior Change.

Chief among the advantages offered by the peer oriented, self-help treatment model now in use at Western State Hospital are: 1) the ability of the individual to recognize the similarities between the self and a particular group of human beings that form a significant part of the treatment society; 2) an atmosphere of trust and understanding that permits the disclosure by these individuals of pertinent and sensitive information to the group; and 3) feedback of relevant validation to the individual concerning appropriate or inappropriate behavior. These particular aspects of group experience are generally subsumed under the heading "cohesion." Obviously, homogeneity of the group, that is composition of a therapy group by one particular psychopath type serves to promote a feeling of cohesion, and this is reinforced by a sharing of common experience among group members. Richard L. Bednar and his associates give an outline in succinct form of what they believe to be elements of group experience which promote group cohesion.

Although the available evidence is limited, cohesion appears to grow out of shared group experience, a process that results in "earned trust." The importance of cohesion lies in the feeling of safety it can provide, a condition that allows meaningful self-exploration, giving and receiving of potent interpersonal feedback, and a more general feeling of being understood, valued, and accepted. Those feelings can contribute substantially to the group conditions that permit a person to own his thoughts, feelings, and behavior in a responsible fashion and to explore their meanings and consequences. ¹⁹

Thus, the experience of perceiving similarity between one's self and the treatment group goes far to provide a sense of security and belonging for the individual. In the words of the program's director at Western State Hospital, "Although the offender has viewed himself as a loathsome person who would be despised if his behavior were known, he is accepted as a fellow
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human being in need of help."

The precise elements which promote group cohesion, in addition to that of similarity, are varied, yet the studies extant on this subject have indicated a number of particular aspects which contribute to a feeling of cohesion. Dr. Bednar has summarized these in detail, "Seven investigations (four with patient populations) in which the independent variables were assumed to represent important elements of group cohesion were identified. These elements included: (a) self-disclosure, (b) meaningful group participation, and (c) empathy, warmth, and genuineness at both the group and individual
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level."

Key here to understanding the particular value held out as a treatment medium by the self-help group is the word "genuineness." For it is only in a group of this kind, that is, in which therapy is patient led, that the skeptical, defensive, and insecure position of the psychopath can be eased and a full expression of personal emotional life in its most uncontrived, unguarded, and genuine appearance can be brought forward.

Group Normative Culture as an Effective Change Inducing Mechanism.

The term "genuineness" as used by Bednar summarizes in only one word the single most important aspect of any effort made to change the psychopath. For always, it must be kept in mind that psychopaths have been alien and

estranged from nourishing human relationships. They have lived secretly, hiding both fears and joys, and have sought in fantasy the solace missing from their isolated, terrifying lives. From this isolation grows a sense of duplicity that at length pervades every conscious thought and desire. The need to hide the life of fantasy from scrutiny becomes paramount. Even if an occasional desire arises to overcome this lonely, barren life-style, psychopaths are prevented from making the attempt by mistrust of other human beings they have never really learned to have confidence in or to rely upon in times of stress. Surely, then, it is not surprising that the behavior of psychopaths becomes exploitative, for they can never fully reveal their true needs and desires and the urgency with which they use others, compels them to be wary, defensive and devious. Because a certainty of their own lives is interaction with others based on secret motives, the psychopath forms an opinion that all individuals behave in a similar manner, and much of the testing in human relationships undertaken by the psychopathic person is done with the conscious notion of finding support for this assumption. This confirmation, when found, provides vindication for the psychopathic life-style and justification for its continuance.

Thus it can be seen that Bednar's emphasis upon "genuineness" must be included foremost and always in any treatment program attempting to gain the confidence of the psychopathic person. At Western State Hospital the program for the psychopathic sexual offender owes no small degree of its considerable success to a behavior changing process that has insisted upon inclusion of this concept. From the first day in residence at the hospital individuals in treatment are confronted with the expectation that they will be wholeheartedly involved in the treatment process and at pains to be

actively self-disclosing. More importantly, from their first day in residence they see this expectation met fully and modeled in the members of their peer group culture.

The perceived threat on the part of individuals to this involvement and self-disclosure is in most cases very great and the staff and therapy groups of the treatment program facilitate the ongoing process in a series of graduated encounters which enable individuals to feel comfortable in experimenting with emotions and responses they have formerly feared. The role of "modeled" behavior in this process cannot be over-stressed, for it is chiefly through seeing others interact appropriately in the intimate environment of the therapy group that the sexual offender can learn the response acceptable to society at large. Thus the function of culture bearing becomes one of signal importance in the treatment model at Western State, for as Bednar and his associates report, "As uncertainty about task demands and range of possible responses increase, the observer will tend to rely more on the model as the primary source for his or her response. Even when the instructions are fairly specific, if the concepts involved are difficult to grasp (e.g. warmth, empathy) the behavior of any model will be increasingly imitated..."²²

The tendency of the sexual offender to be skeptical of the sincerity on the part of others in engaging in interpersonal relationships becomes more noticeable as the intensity of the emotional response demanded increases. In addition to the processes already reviewed, this skepticism can be seen to arise as well from the sexual offenders' inability to conceive of

themselves as persons of worth or value, hence imagine that they are unlovable and actively seek support for this notion. Therefore, in the retraining situation of the therapy group, it is essential that the authenticity of the model's interaction be assured. One of the unique aspects of the treatment program offered for the sexual offender at Western State Hospital is that this authenticity is possible because a staff therapist is not relied upon to demonstrate the behavior modification desired. It is, in point of fact, the patients, themselves, who in exploring new emotional responses to intimate relationships, serve to model appropriate behavior for the remainder of the therapy group. The behavior modeled is then reviewed on a peer basis for its desirability and appropriateness. Bednar and others have observed and reported in the literature the effect of a genuine, versus a contrived or role-playing model, "The degree to which the modeling stimulus appears real and the type of behavioral model used interact to determine the degree of imitation that will occur. If performance of an already existing response which needs to be strengthened is all that is required, simulated or film models often prove as effective as live models... However, if emotional inhibition/disinhibition or response facilitation is desired, live and 'non-role-playing' models prove more effective..."²³

An additional unique aspect of the treatment program for the sexual offender at Western State is that the offender group is relied upon, and intensely monitored, to ensure that a healthy group culture is in fact going forward. The importance of group culture in the treatment process can be readily seen when one understands that it is group self-regulated norms and expectations which serve as the fabric against which behavior change can be accomplished. Thus, neither the staff therapist nor any non-group member is relied upon

to be the chief value setter of the therapy community. Instead, it is the offenders who are charged with the responsibility of maintaining a healthy, concerned, and non-hurtful group culture. Morton A. Lieberman clearly delineates the importance of this phenomenon when he writes:

...what behaviors become reinforced by the group can perhaps be best explained in terms of group norms - those shared agreements among members about what constitutes appropriate or inappropriate behavior...Recent studies...suggest strongly that group norms are not necessarily or primarily functions of leader behaviors or desires. ²⁴

Lieberman's comments further illustrate the importance of group normative culture as an effective treatment medium and clarifies the desirability of relying upon those who are themselves involved in the treatment process to maintain culture.

Dr. George MacDonald has described this aspect of treatment for the sexual offender group in an article recounting the developmental history of his program for Hospital and Community Psychiatry, "...three basic precepts have remained unchanged. The first is that deviant sexual behavior is learned behavior and therefore subject to modification if methods can be developed to break up old habit patterns and teach new ones. The second is that sex offenders, following the example set by Alcoholics Anonymous and other groups, can do a great deal to help each other overcome their deviant behavior if given the right kind of direction and guidance by staff. That belief forms the basis of the program's guided self-help approach.... The third precept is that the hospital's environment and the process for re-learning acceptable behavior must replicate and confront the realities of living in the community as much as possible." ²⁵ Implicit in Dr. MacDonald's comment is the notion reported above that the sexual offender can benefit

chiefly in the relearning process by interacting with other sexual offenders who are also undergoing treatment. Also touched upon is the necessity of replicating, as closely as possible, situations encountered daily by everyone in society at large. Additional support for the point that offenders involved in a re-learning process stand to gain much from modeling and observation in treatment is provided by Bednar, who comments, "Modeling and mimetic learning are particularly valuable in group therapy for they decrease the trial-and-error learning of group members who are prepared to give up old response patterns. If group therapy is seen as a primary source of new interpersonal learning, each therapist and every client can be seen as a model of behavior whose natural reinforcing or punishing consequences can be vicariously experienced by all group members."²⁶

Patient Group Leadership as an Effective Change
Inducing Mechanism:

Considering further the patient's role as group culture bearer, it should be noted that this is a shared responsibility which it is anticipated all group members will attempt to meet. In particular, however, the responsibility of culture bearing is assigned to individuals chosen by nomination and election by the psychotherapy group itself. Each patient is expected to fulfill a period of group leadership as an integral part of the group process. It is certainly true that the ability to discharge the obligation of group leader varies from individual to individual, yet it can be generally anticipated that any patient who serves in this capacity will gain an increased sense of effectiveness and importance from the experience. Hence the role of primary culture bearer serves the additional function of reinforcing the patient's individual ego-strength by providing an oppor-

tunity to be the leader in validating personal opinions and a value system before the therapy group and treatment staff of the program. That this experience is an important element of the treatment process cannot be over-emphasized, for as Mary F. Rogers has written, "...the ability to change another person's behavior is a socially significant phenomenon. It is important because people can and do estimate one another's abilities and then adjust their actions on the basis of those estimations. The perceived or real ability to influence can, then, affect outcomes, even when the exercise of that ability is not undertaken. Furthermore, the process of assessing others' abilities to influence may lead over time to the development of relatively durable reputations for power in stable social systems." ²⁷ This comment by Ms. Rogers concerning the ability to influence as applied to the sexual offender program at Western State Hospital clarifies the change in self-concept experienced by a group leader who perceives his or herself, from the reaction of the therapy group, to be providing helpful, constructive, and concerned examples of group interaction. For as these leaders gain a greater sense of self-worth they become more accepting of themselves as persons entitled to the respect and approbation of others. In this way an attitude of competence and self-confidence is gradually engendered and serves to reinforce a heightened ego strength.

In a study conducted by Morton Lieberman and others, as reported by Dane Archer in the Journal of Applied Behavioral Science, Lieberman attempted to identify through means of an 18-item sociometric questionnaire those factors which contributed to a negative self-concept change on the part of some members of a psychotherapy group. One of the factors investigated

was labeled, "VCIA role" as Archer reports, "...because it seems to measure 'Value Congruence' with the prevailing norms of the group, a high level of 'Influence' in the group, and a high level of 'Activity' in terms of participation. The researchers concluded that group members who were low on this VCIA role were most susceptible to an adverse experience in their group..."

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From this investigation it can be inferred that those members high in the role Lieberman has identified as VCIA would likely experience a positive self-concept change. That this phenomenon is appreciated in the treatment program for the sexual offender at Western State Hospital is apparent by the importance placed upon the individual group member's role of culture bearer and the heavy emphasis placed upon a period of group leadership for every individual. It can also be seen, from Lieberman's investigation, that those individuals most likely to experience a positive self-concept change are those who subscribe to the normative culture of the group and who serve to reinforce it by applying normative values in their own behavior. Consequently, importance is placed upon assuring that the culture in therapy groups for the sexual offender at Western State Hospital is indeed helpful, concerned, and non-deviant. From this explanation it can be readily deduced that the group culture eventually becomes self-reinforcing, i.e. positive and enjoyable self-concept changes can only be made by those individuals who subscribe to the values of the group and, as they do in fact subscribe to these values, they serve to reinforce them for other group members by modeling behaviors based in a large part upon this value system. Those members not fully in sympathy with this value system soon learn that

in order to be accepted by the group they must also adopt the normative culture of the group whole-heartedly.

The importance of formalizing, to some extent, the leader's role in the therapy group may be seen when it is recognized that this role carries with it considerations of status. Hence becoming a leader for a therapy group in the sexual offender program not only implies a status of competence, recognized by group election, but also bestows an official status which allows the making of decisions which serve to guide the group's daily activities. Mary F. Rogers reports upon this aspect of group interaction when she comments, "A person's roles and his overall status in the system are considered central aspects of his capacity to influence others. For example, power may be defined as the 'capacity or potential' of persons in certain statuses to set conditions, make decisions, and/or take actions which are determinative for the existence of others within a given social system..."²⁹

In the Western State Program a leader's role carries with it the opportunity to exercise power over the lives of others in daily activity by providing examples of behavior to be followed by fellow patients and the importance an individual group leader may feel in the role of culture bearer is enhanced by this knowledge. In addition, the individual group leader's self-concept is strengthened by the realization that the role of culture bearer is bringing about a positive change in the feeling life of other therapy group members. Naturally, the group leader's example is highly attended to, particularly by group members new to the group culture, and the effect of this attention appears to further intensify a direction toward positive self-concept change. Archer notes this mechanism in

his comment, "The effect of attention on self-concept, therefore, could be direct (in terms of support and helpful comments) or indirect (as a symbol whose presence connoted esteem and whose absence connoted indifference.)"

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Arther further comments that, "The underlying assumption is that powerful group members receive a number of quite concrete dividends from participation. Some of these may be: (a) a sense of competence derived from frequent efforts at contribution to group discussions; (b) increased self-esteem based on the perception that some or most other group members defer to the ideas or suggestions of powerful group members or accord them unusual respect; (c) a general feeling of centrality in or importance to the group, based on the perception that powerful group members receive a disproportionate share of the attention of other group

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members."

In any proposal for treatment of the sexual psychopath it must be recognized from the outset that this particular offender group has been prevented by personal fears and inadequacies from obtaining the same kind of nourishment from interaction in society that the non-acting out, so called "normal" individual, is able to do. If the affected behavior of sexual psychopaths is to be successfully modified to become acceptable in the community, steps must be taken in the treatment process to ensure that they are assisted to overcome their fears and inadequacies and to learn new behavior responses that will facilitate achieving desired goals non-hurtfully and acceptably. As Arthur Teicher explains, "The goal of group psychotherapy is individuation within a social context. Once psychic processes are rehabilitated, the individual is then able to sustain and fulfill him-

self by utilizing what is available in both his inner and outer environ-
ment."³²

Conclusion:

The behavior modification program for sex offenders at Western State Hospital is one which bears these considerations in mind: sexual misbehavior is learned behavior, it can be changed over months of intense group psychotherapy that teaches offenders acceptable and non-hurtful ways of meeting their needs in social interaction. The treatment program provides an atmosphere of dignity and acceptance in which individual offenders are encouraged to be honest and concerned about their own best interests and the best interests of others. It is a working principle of the program that as the individual offender's self-esteem is enhanced their respect for other human beings also grows. That this principle is a valid one is borne out by the success rate of treatment program graduates.

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