Therapeutic Factors in Occupational Therapy Groups

Janet Falk-Kessler, Christine Momich, Sharla Perel

Key Words: activity groups • group process • occupational therapy in psychiatry • task groups

A survey was administered to patients and their therapists in an attempt to assess which therapeutic factors were perceived as helpful in occupational therapy groups. The patients' responses were compared to their therapists' for similarities and differences. Both groups highly valued factors of group cohesiveness, instillation of hope, and interpersonal learning. The therapists also valued guidance and identification, which the patients did not. Least valued by the patients were guidance, existential factors, and identification; least valued by the therapists were self-understanding, family reenactment, and existential factors.

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O ccupational therapists have used groups as their preferred modality in psychosocial settings since the origin of the profession (Bruce & Borg, 1987). During the 1960s, leading theorists in occupational therapy began to focus on the dynamic forces occurring in groups as important curative agents (Fidler, 1969; Mosey, 1986). These dynamic forces typically encompass the interpersonal interactions within group settings and often reflect the intramember relationships, the member–leader interactions, and the degree of cohesiveness within the group (Bennis & Shepard, 1974; Bion, 1959; Yalom, 1985). When group dynamics are working effectively, they allow for the emergence of factors that will promote therapeutic change.

With the recognition of the importance of group dynamics in treatment comes the inclusion of this material in occupational therapy curricula. Sixty-three percent of educational programs in occupational therapy offer courses in group dynamics, with the remaining programs incorporating this material into other courses (Barris, 1985). Despite the overwhelming reliance on and attention to groups in educational settings and as a treatment modality in psychiatric occupational therapy, very little research has focused on the dynamics within occupational therapy groups. Instead, occupational therapists rely on theory and research by professionals from other disciplines (Howe & Schwartzberg, 1986), which is typically based on student study groups, encounter groups, and group psychotherapy (Bennis & Shepard, 1974; Bion, 1959; Yalom, 1985). Research is often focused on the group members' interactions and on the therapeutic factors identified by Yalom (1970, 1985) that group members perceive to be helpful. These therapeutic factors, considered to be prerequisites to growth and change, are shown in Table 1.

Although therapeutic factors have been identified as important in occupational therapy groups (Howe & Schwartzberg, 1986; Stein & Tallant, 1989), little research on them exists. Identification of therapeutic factors in occupational therapy groups would aid therapists in planning effective interventions and would aid instructors in planning effectively for occupational therapy courses. The purpose of the present study was to examine which therapeutic factors in occupational therapy groups were perceived as helpful by patients and therapists.

Literature Review

The use of groups as a therapeutic tool in occupational therapy was first described in 1922 by Meyer (1977). As precursors to present-day occupational therapy groups, collective activities programs grew out of the Moral Treatment movement of the 19th
Table 1  
Therapeutic Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
<th>Sample Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altruism</td>
<td>Giving of oneself to help others.</td>
<td>&quot;Putting others' needs ahead of mine.&quot;</td>
</tr>
<tr>
<td>Catharsis</td>
<td>Relieving of emotions by expressing one's feelings.</td>
<td>&quot;Getting things off my chest.&quot;</td>
</tr>
<tr>
<td>Universality</td>
<td>Recognizing shared feelings and that one's problems are not unique.</td>
<td>&quot;Learning I'm not the only one with my type of problem; we're all in the same boat.&quot;</td>
</tr>
<tr>
<td>Existential factors</td>
<td>Accepting that the responsibility for change comes from within oneself.</td>
<td>&quot;Recognizing that life is at times unfair and unjust.&quot;</td>
</tr>
<tr>
<td>Self-understanding (insight)</td>
<td>Discovering and accepting the unknown parts of oneself.</td>
<td>&quot;Learning why I think and feel the way I do (that is, learning some of the causes and sources of my problems).&quot;</td>
</tr>
<tr>
<td>Family reenactment</td>
<td>Understanding through the group experience what it was like growing up in one's family.</td>
<td>&quot;Being in the group was, in a sense, like reliving and understanding my life in the family in which I grew up.&quot;</td>
</tr>
<tr>
<td>Guidance</td>
<td>Accepting advice from other group members.</td>
<td>&quot;Group members suggesting or advising something for me to do.&quot;</td>
</tr>
<tr>
<td>Identification</td>
<td>Benefiting by imitating positive behaviors of other group members.</td>
<td>&quot;Trying to be like someone in the group who was better adjusted than I.&quot;</td>
</tr>
<tr>
<td>Instillation of hope</td>
<td>Experiencing optimism through observing the improvement of others in the group.</td>
<td>&quot;Seeing that other group members improved and encouraged me.&quot;</td>
</tr>
<tr>
<td>Interpersonal learning-input</td>
<td>Receiving feedback from group members regarding one's behavior.</td>
<td>&quot;Learning how I come across to others.&quot;</td>
</tr>
<tr>
<td>Interpersonal learning-output</td>
<td>Learning successful ways of relating to group members.</td>
<td>&quot;Improving my skills in getting along with people.&quot;</td>
</tr>
</tbody>
</table>

(Yalom, 1970, 1985)

century as a means to develop socially acceptable behavior in persons with mental illness and, ultimately, to focus on vocational goals (Howe & Schwartzberg, 1986). Reviewing the history of occupational therapy groups, Howe and Schwartzberg noted that by the mid-1950s, group work was viewed as a curative tool rather than simply as a means to meet the economic needs of a hospital or to keep patients occupied. Group activities were viewed as providing opportunities for socialization among psychiatric patients in a peer group environment. This emphasis continued well into the next decade.

When neuroleptic drugs were introduced in the 1950s and psychiatric symptoms were better controlled, patients were able to function in social settings. This in turn gave rise to a shift in the focus of group therapy: Therapists were able to use groups to address the individual's therapeutic goals rather than just socialization (Howe & Schwartzberg, 1986). In the 1960s, treatment groups began to focus on the interpersonal relationship between the patients and the therapist. During this time, the role of activity as a shared, common relationship was rethought as a means of learning through doing and discussion. Fidler (1969) stated that "task accomplishment is not the purpose of the group but hopefully the means by which purpose is realized" (p. 45). Group treatment flourished at this time with the development of community mental health programs to address the needs of deinstitutionalized psychiatric patients.

Throughout the 1970s and 1980s, economic factors brought about by recession led to reduced hospitalization and programming funds. As a result, a more economical treatment of patients led to the development of behavioral, skills-oriented groups, which continue today as the model for treatment groups for psychiatric patients (Howe & Schwartzberg, 1986). Participation in occupational therapy groups has been shown to improve interpersonal skills (DeCarlo & Mann 1985; Mumford, 1974), and involvement in occupational therapy programs has been shown to increase the effectiveness of aftercare programs in the treatment of the patient with chronic mental illness (Lin, Caffrey, Klett, Hogarty, & Lamb, 1979; May, 1976).

Despite the trend toward the use of groups in psychiatric occupational therapy, only two studies have examined what patients perceive as useful. These studies have noted that what patients value in their groups is often different from what therapists view as beneficial (Burton, 1984; Vaughn & Prechner, 1985). For example, although therapists may design a group to focus on issues and tasks related to community reentry, patients identify "making things" and "passing the time" as reasons for attendance (Burton, 1984).

What patients and therapists view as therapeutic is important to examine and has been extensively studied in the area of group psychotherapy. Building on research that examined what therapeutic mechanisms were operational in groups (Groni, Pious, & Farson, 1963; Dickoff & Lakin, 1963), Yalom (1970, 1985) compiled an inventory of therapeutic factors that served as the organizing principle of research on the perceptions of group therapy effectiveness. Therapeutic factors reflect those qualities that are inherent

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in groups and that patients value. Examples of these include feeling accepted by others (cohesion), learning how to relate to others (interpersonal learning, output), and feeling optimistic about one’s potential (instillation of hope). A complete listing is shown in Table 1.

Therapeutic factors are defined as “mechanisms of change” that “occur through an intrinsic interplay of various guided human experiences” (Yalom, 1985, p. 3). Different factors achieve importance at various times in a group’s development and help to facilitate the change process. Although these factors do not necessarily have individual significance, it is their interrelationship that gives strength to the dynamic process of group therapy.

When examining the perceived helpfulness of therapeutic factors within group settings, one must note that it is still the individual’s singular experience within the group that determines what that individual values. Nevertheless, group participants’ views reveal striking similarities on which factors are particularly helpful.

Yalom’s initial study (1970) revealed that interpersonal learning, catharsis, group cohesiveness, and self-understanding were most valued by group members who were inpatients. This study has been adapted and replicated by a variety of researchers for use in both inpatient psychiatric groups (Butler & Fuhrman, 1980; Leszcz, Yalom, & Norden, 1985; Macaskill, 1982; Marcovitz & Smith, 1983; Maxmen, 1973; Schaffer & Dreyer, 1982; Steinfeld & Mabli, 1974) and outpatient psychiatric groups (Butler & Fuhrman, 1980, 1983; Leszcz et al., 1985; Long & Cope, 1980; Rohrbaugh & Bartels, 1975; Weiner, 1974). These studies confirmed that the four factors most valued were interpersonal learning, catharsis, cohesiveness, and self-understanding.

Group therapists tend to value the factors of family reenactment and identification (Yalom, 1985). Yalom concluded that the establishment of appropriate goals based on valued therapeutic factors should be the first step for any therapist forming a new therapy group. Compatibility of factors is important because “when therapists emphasize therapeutic factors that are not compatible with the needs and capacities of the group members then obviously the therapeutic enterprise will be derailed; patients will become bewildered and resistant; therapists, discouraged and exasperated” (Yalom, 1985, p. 106).

Our objectives in the present study were (a) to identify within occupational therapy groups the therapeutic factors considered by patients and occupational therapists to be most and least helpful and (b) to ascertain whether patients who attend different occupational therapy groups value the same therapeutic factors.

Method

Sample

The sample was chosen from four occupational therapy groups selected from three psychiatric day treatment centers affiliated with Columbia University’s College of Physicians and Surgeons in New York, New York. Each was a long-term, ongoing thematic group led by an occupational therapist. A thematic group focuses on the performance of skills and behaviors related to a specific activity (Mosey, 1986). The groups in this study were designed to develop either task or social skills. Patient membership in these groups was stable. The patients from these groups were eligible to participate in the study if they met the following criteria: (a) fluent in English, (b) not actively psychotic, and (c) able and willing to participate in a written survey.

This selection process yielded a total of 36 subjects: 28 patients and 8 therapists. Of the latter, 2 were men and 6 were women; 2 had bachelor’s degrees and 6 had master’s degrees; and the average number of years working in mental health was 4.6. Of the 28 patients, responses of 19 were used in the final results; the remaining surveys were either incorrectly filled out or incomplete. Demographic data of the patients are shown in Table 2.

Instrument and Scoring

This study used a survey and format developed by Maxmen (1973). The study involved the use of (a) a general questionnaire to gather demographic information and assess general attitudes toward group therapy and (b) five schedules, each with 12 statements, which subjects were to rank from most helpful (1) to least helpful (12). Examples of such statements are shown in Table 1.

A point value was assigned to each ranking; for
example, factors ranked first, that is, as most helpful, received 12 points. A cumulative score was derived by adding the points assigned to a particular factor on all five schedules. Thus, the highest possible cumulative score for any one factor was 60; the lowest possible score, 5.

Replicating the procedure used by Maxmen (1973), we classified the cumulative scores as most helpful (cumulative score of 40 to 60 points), moderately helpful (cumulative score of 30 to 39 points), and least helpful (cumulative score of 5 to 29 points). This procedure of classification provided a matrix from which our study could be compared with Maxmen's study.

Data Analysis

Therapeutic factors were ranked according to the mean value of the cumulative score for each factor. The data were then analyzed with the Kruskal-Wallis ranking of variables for the total group and the Bonferroni correction for each factor.

Results

Eighteen of the 19 patients and all 8 of the therapists believed that their group was helpful; only 1 patient reported the group to be harmful. Each survey was then analyzed to determine which therapeutic factors were perceived as helpful and whether there was agreement between patients and therapists on these factors. Table 3 provides a summary of the relative importance of all 12 factors.

The patient sample ranked group cohesiveness, interpersonal learning-output, and instillation of hope as most helpful and identification, existential factors, guidance, and catharsis as least helpful (see Table 3). When comparing the rank order of the therapeutic factors (see Table 4), we found significant differences between total patients and total therapists in their ranking of family reenactment (p < .001), existential factors (p < .05), and identification (p < .05). No significant differences were found between the patients' and therapists' rankings for the remaining factors.

Because the aggregate data are based on the four occupational therapy groups in combination, that is, total patients, one would expect the perceptions within each group to reflect the combined rankings. In general, this occurred. Most notable was the high value placed on group cohesiveness and instillation of hope by patients from each of the four occupational therapy groups and the high value placed on interpersonal learning-output by patients from three of the occupational therapy groups. Most of the therapists also ranked these factors highly. In one group, however, there was a discrepancy between the patients' and the therapists' views of group cohesiveness and interpersonal learning-output; the patients valued cohesiveness more highly than did their therapists, and the therapists valued interpersonal learning-output more highly than did their patients. Instillation of hope and guidance were among the top four factors valued by both the patients and the therapists in this occupational therapy group.

Within each occupational therapy group, there was more variation between patients' and therapists' rankings of those factors that differed significantly when the groups were pooled. Because of the general
Table 4

Rank Order of Therapeutic Factors Based on Average Cumulative Score

<table>
<thead>
<tr>
<th>Therapeutic Factor</th>
<th>Total Patients (n = 9)</th>
<th>Total Therapists (n = 8)</th>
<th>Patients from Group A (n = 6)</th>
<th>Patients from Group B (n = 6)</th>
<th>Patients from Group C (n = 4)</th>
<th>Patients from Group D (n = 3)</th>
<th>Total Subjects (N = 27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group cohesiveness</td>
<td>1 (43.2)</td>
<td>3 (40.1)</td>
<td>2 (38.5)</td>
<td>1 (42.5)</td>
<td>1 (50.0)</td>
<td>1 (45.0)</td>
<td>1 (42.3)</td>
</tr>
<tr>
<td>Interpersonal learning-output</td>
<td>2 (37.2)</td>
<td>1 (42.3)</td>
<td>1 (39.2)</td>
<td>2 (39.7)</td>
<td>8 (30.5)</td>
<td>4 (37.3)</td>
<td>2 (38.7)</td>
</tr>
<tr>
<td>Instillation of hope</td>
<td>3 (36.2)</td>
<td>4 (37.5)</td>
<td>5 (32.3)</td>
<td>3 (35.7)</td>
<td>2 (40.0)</td>
<td>3 (40.0)</td>
<td>5 (36.6)</td>
</tr>
<tr>
<td>Universality</td>
<td>4 (34.3)</td>
<td>9 (28.5)</td>
<td>7 (32.0)</td>
<td>4 (35.5)</td>
<td>3 (34.5)</td>
<td>5 (36.5)</td>
<td>6 (32.5)</td>
</tr>
<tr>
<td>Family</td>
<td>5 (32.8)</td>
<td>11 (19.3)</td>
<td>8 (31.0)</td>
<td>8 (29.5)</td>
<td>5 (35.5)</td>
<td>2 (42.3)</td>
<td>10 (28.8)</td>
</tr>
<tr>
<td>Interpersonal learning-input</td>
<td>6 (31.9)</td>
<td>5 (37.0)</td>
<td>3 (34.3)</td>
<td>5 (33.3)</td>
<td>11 (26.8)</td>
<td>7 (31.0)</td>
<td>4 (35.4)</td>
</tr>
<tr>
<td>Self-understanding</td>
<td>7 (31.5)</td>
<td>10 (25.0)</td>
<td>4 (55.7)</td>
<td>10 (28.2)</td>
<td>7 (32.0)</td>
<td>6 (35.5)</td>
<td>9 (29.6)</td>
</tr>
<tr>
<td>Altruism</td>
<td>8 (31.1)</td>
<td>8 (32.8)</td>
<td>5 (32.3)</td>
<td>7 (30.7)</td>
<td>6 (32.5)</td>
<td>10 (27.5)</td>
<td>8 (31.6)</td>
</tr>
<tr>
<td>Catharsis</td>
<td>8 (31.1)</td>
<td>7 (33.4)</td>
<td>10 (30.8)</td>
<td>6 (35.3)</td>
<td>9 (29.3)</td>
<td>9 (29.0)</td>
<td>7 (31.7)</td>
</tr>
<tr>
<td>Guidance*</td>
<td>10 (29.4)</td>
<td>2 (41.8)</td>
<td>8 (31.0)</td>
<td>9 (29.3)</td>
<td>4 (55.8)</td>
<td>12 (20.0)</td>
<td>5 (33.0)</td>
</tr>
<tr>
<td>Essential factors**</td>
<td>11 (27.1)</td>
<td>12 (17.9)</td>
<td>11 (26.8)</td>
<td>12 (25.2)</td>
<td>10 (28.0)</td>
<td>8 (30.0)</td>
<td>12 (24.3)</td>
</tr>
<tr>
<td>Identification**</td>
<td>12 (23.8)</td>
<td>6 (35.4)</td>
<td>12 (26.0)</td>
<td>11 (26.3)</td>
<td>12 (19.3)</td>
<td>11 (20.3)</td>
<td>11 (27.2)</td>
</tr>
</tbody>
</table>

*Yalom, 1970, 1985. **The Kruskal-Wallis ranking of variables was used for the total subjects group. The chi square test showed this rank order to be significant at the .05 level.

* p = .07. **p < .05. ***p < .001

consistency between the groups when examined individually or collectively for the most and least helpful factors, the following discussion is based on the aggregate data.

Discussion

Similarities of Perception

Group cohesiveness, interpersonal learning-output, and instillation of hope were the factors that were consistently most valued by all subjects in this study. In the psychotherapy literature reviewed by Yalom (1985), cohesiveness is identified as most helpful by various patient populations. Because group cohesiveness involves and reflects the attractiveness of a group and its significance as a condition that allows for growth and change cannot be overemphasized. As a positive correlate to successful group therapy (Yalom, 1985), cohesiveness may be a prerequisite for the therapeutic effect of activities (whether they be geared toward social or task skills), the result of interactions of patients around activities, or both. Activities provide a common focus around which group members can relate. This common focus may be the first step in the development of emotional ties that Freud (1921/1961) noted to be an essential component in groups.

Interpersonal learning-output, which involves learning to relate to others, is often an implication of learning to function as effective goal of occupational therapy groups such as those in the present study. The subjects' selection of this factor as helpful suggests that the communication of goals that are appropriate to patients' needs was clear. The selection of interpersonal learning-output rather than input also suggests an emphasis on and appreciation for behavioral change rather than increased insight. This emphasis may reflect the social and behavioral emphasis of day treatment centers. The underlying importance of social relationships in any group setting is implied by these findings. Because research has shown that task groups can be more effective than verbal groups at improving social skills (DeCarlo & Mann, 1985; Howe & Schwartzberg, 1986; Mumford, 1974), it is important to retain the focus of interpersonal learning-output in activity groups.

Instillation of hope, the third factor highly valued by all subjects, is a necessary condition for growth and change in psychotherapy groups (Yalom, 1985). In psychiatric rehabilitation, hope promotes a future orientation for patients (Anthony, Cohen, & Cohen, 1984). This belief is consistent with the goals of the occupational therapy groups in the study; goals are oriented toward the development and maintenance of skills necessary for present and future community (e.g., family, work) interaction. Group activities allow patients to explore and develop those necessary skills and behaviors.

If exploration provides a foundation for the development of competence and achievement (Reilly, 1974), it is not surprising that a feeling of helpfulness would also be fostered. The significance of helpfulness as a therapeutic factor in the present study reflects...
the role played by affective elements in any behavioral change. These affective elements may arise from the inherent qualities associated with activities (Boyer, Colman, Levy, & Manoly, 1989; Cynkin, 1979; Fidler & Fidler, 1978). A feeling of hope, as with a feeling of belonging, can provide an impetus for learning and change. Because these qualities were important to the patients in our study, they could be used to enhance the effect of group dynamics, even in activity groups that focus on skill development or behavioral change.

Cohesiveness, interpersonal learning–output, and hope must therefore be viewed as significant therapeutic factors that are interdependent. Without the interaction among these three components, therapeutic goals may not be achieved.

Differences in Perception

As previously stated, in one occupational therapy group there was a difference in how the patients and their therapists viewed the factors of cohesiveness and interpersonal learning–output. This particular group was the only occupational therapy group with goals focused on both social skill development and specific task skill development. Although the goals spanned two areas, it appears likely that (a) the patients were unclear about the group's goals or (b) the patients focused on goals that met their personal needs regardless of what was being emphasized.

The way in which the patients and therapists viewed the least helpful factors varied. The therapists' rankings may reflect their explicit and implicit group goals as well as their leadership style, whereas the patients' rankings may reflect what they find helpful in the group, which is not necessarily a group goal. When patients' and therapists' rankings are compatible, it suggests that the group's goals are appropriate, the patients' needs are being met, and communication is clear. It might, however, suggest that the therapist's bias has affected the group's responses (Lieberman, 1972). A significant discrepancy in rankings raises the question of whether therapeutic factors are being appropriately emphasized. Four of the factors in this study reflect such a discrepancy: guidance, identification, family reenactment, and existential factors.

The difference in how patients versus therapists ranked guidance (10 vs. 2, respectively), for example, may be explained as a difference in labeling. The feedback and interventions that therapists perceive as guidance may be seen by patients as a means of learning to approach others more successfully (interpersonal learning–output). Another explanation may be that advice is valued more by its giver than by its receiver. Finally, while therapists may feel it is important to encourage group members to advise each other, the members themselves may not.

Identification was also ranked differently by therapists and patients (p < .05). Seventy-five percent of the patients ranked this factor in the least helpful category (this concurs with other research [Marcovitz & Smith, 1983; Maxmen, 1973; Yalom, 1985]), giving it a rank of 12, whereas 75% of the therapists viewed it as moderately to most helpful, giving it a rank of 6. The reasons for this finding may be similar to those for guidance.

The definitions of these factors (identification and guidance) involve learning from peers. With identification, group members become the role models. Although this is typically stressed by occupational therapy group leaders as a desired component of the group's process, the value of role modeling behavior may be greater for the role model (interpersonal learning–output) than for the other members. The therapists, therefore, would not be expected to select statements related to family reenactment as particularly helpful. Two thirds of the patients, however, did. This might have been related to a difference in interpretation of the statements representing this factor. In psychiatric rehabilitation, the need to increase patients' dependency on the program is the first step toward independence (Anthony et al., 1984). Possibly, the patients' rankings of family reenactment statements may reflect this dependency, and the fact that patients view the day treatment center as almost as a surrogate family. Rather than focusing on transference issues, the patients are focusing on their sense of belonging to the day treatment center, thus, family reenactment may be another expression of group cohesiveness.

Existential factors, the fourth therapeutic factor to be viewed differently by the patients and therapists in this study (p < .05), was ranked low by both groups (the patients ranked it 11; the therapists, 12). Despite the low ranking by the patients, 37% of the patients considered it to be moderately helpful (see Table 3). The patients' moderate valuing of existential factors is supported by other research (Leszcz et al., 1985;
Maxmen, 1973; Yalom, 1985). The existential statements in the survey relate to issues of control, that is, the need to be able to take responsibility for oneself and for one’s actions and to understand that there are some things in life over which we have no control. Although therapists may not identify this as a specific group goal, it is certainly an implied objective of the groups and of the day treatment center in general. Some patients recognize this and value its importance.

**Similarities With Other Studies**

Similarities of our findings with those of other studies are striking. Despite differences in diagnoses, treatment settings, and group format, certain therapeutic factors are consistently operational. In Yalom’s (1985) review of psychotherapy groups, cohesiveness and interpersonal learning are most valued by patients, which was the finding in our study. A comparison of perceptions of helpful therapeutic factors among the patients in our study with those of Maxmen’s (1973) study reveals that subjects from both studies highly valued cohesiveness and instillation of hope. Yalom (1985) noted that perceptions of helpful therapeutic factors depend on elements such as patients’ diagnoses, treatment settings, and stages in a group’s development. Yet these are the very elements that distinguished the two study samples from one another: Maxmen’s subjects were from a short-term inpatient setting and participated in a psychotherapy group characterized by rapid membership turnover, and few of his subjects were diagnosed as having schizophrenia. The subjects in our study were long-term participants of day treatment centers, were in occupational therapy groups characterized by ongoing and stable membership, and were diagnosed as having schizophrenia. The perception of patients from both studies that cohesiveness and instillation of hope are most helpful suggests that these particular factors carry a universal importance that belies group differences.

**Implications**

The findings from this study suggest that therapeutic factors, as defined by Yalom (1970, 1985), are in fact valued in psychiatric occupational therapy treatment groups. Occupational therapists need to be aware of the value of these factors and the role they play in a group’s dynamics.

Factors that are valued by patients can and should be used to promote specific goal achievement. By being aware of what the patient perceives as helpful, the occupational therapist can ensure that the group’s goals and methods appropriately address patients’ needs. If therapists are unaware of what patients perceive as helpful, or if therapists rely on an undervalued factor in their methods to achieve particular goals, then the group may become unattractive and, therefore, unsuccessful.

The specific relationship between therapeutic factors and activities was not a focus of this study. The study findings, however, suggest that a relationship may exist. Activities can be used to facilitate the development of helpful therapeutic factors, and therapeutic factors can be used to maximize the inherent or prescribed therapeutic effect of the activities. The therapeutic potency of occupational therapy groups may result from this dynamic interaction between activities and therapeutic factors. Further research needs to be done in this area.

Finally, the importance of these therapeutic factors in groups should not be limited to mental health settings. Their value may enhance the achievement of treatment goals in other specialty areas; this should be explored further in other studies.

**Study Limitations**

A number of limitations need to be considered when evaluating the results of this study. The overall sample size and the small size of each occupational therapy group did not permit in-depth statistical analysis. Because the sample was limited to chronic psychiatric patients at day treatment centers, the results cannot be generalized to occupational therapy groups within other settings or with other populations. The data collection instrument used in the present study was lengthy and rather complex. Although the patients were able to accurately complete the survey, perhaps a simpler survey would have yielded more accurate results.

**Conclusion**

The perception of therapeutic factors in activity groups is an important consideration, because it is these factors that allow change to occur. Although this study had a limited number of subjects, it is probably not coincidental that the patients’ most valued therapeutic factors in the occupational therapy groups surveyed corresponded with those valued by patients in group psychotherapy. Principles of group dynamics transcend professional disciplines, and it is important to understand and apply these concepts to occupational therapy. Particularly salient in the present study was the value placed on group cohesiveness by the patients, which suggests that the development and maintenance of group cohesiveness is the condition for the groups’ therapeutic effect. The results of this study also suggest a strong interaction between the factors of cohesiveness, hope, and interpersonal learning and group efficacy; it is these three factors...
that patients and therapists considered to be most helpful.

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