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The Effects of Activity Group Structure on Cohesion, Engagement, and Affective Meanings in Acute-Care Psychiatric Patients

Hope L. Brucki
Western Michigan University

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THE EFFECTS OF ACTIVITY GROUP STRUCTURE ON COHESION, ENGAGEMENT, AND AFFECTIVE MEANINGS IN ACUTE-CARE PSYCHIATRIC PATIENTS

by

Hope L. Brucki

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Science
Department of Occupational Therapy

Western Michigan University
Kalamazoo, Michigan
June 1987
THE EFFECTS OF ACTIVITY GROUP STRUCTURE ON COHESION, ENGAGEMENT, 
AND AFFECTIVE MEANINGS IN ACUTE-CARE PSYCHIATRIC PATIENTS

Hope L. Brucki, M.S.

Western Michigan University, 1987

Through activity analysis, occupational therapists identify 
various components of group structure and group processes for use in 
therapeutic activities. This study compared the effects of 
individual activity group structure (members engage in individual 
projects) and common activity group structure (members share a common 
project) in a sample of 38 acute-care psychiatric patients. Subjects 
were randomly assigned to one of eight theme-oriented poster-making 
groups, four for each experimental condition. Cohesion among group 
members was measured by the Group Environment Scale (GES), engagement 
was assessed by the Group Climate Questionnaire-Short Form (GCQ-S), 
and affective meanings were evaluated by Osgood's short-form semantic 
differential (OSD). Supporting the hypothesis, the common activity 
groups rated the experience as more active than did the individual 
activity groups. There were no other significant differences 
between the two experimental conditions. However, significant 
differences were found between groups nested within the experimental 
conditions on all variables. Results are discussed in terms of 
individual contributions to group process. Implications for 
occupational therapy treatment and suggestions for future research 
are discussed.
ACKNOWLEDGEMENTS

It is with great appreciation that I thank my primary reader, David Nelson, Ph.D., O.T.R., for his advice and expertise that made this project a reality. Gratitude is also extended to Claire Callan, Ed.S., O.T.R. and Karen Timmer, M.A., O.T.R. who served as readers and contributed their time and knowledge to this endeavor.

I want to thank the staff and patients of Pine Rest Christian Hospital who, during this study, offered insight and moral support, as well as the opportunity to conduct this research in their fine establishment.

Special thanks go to two dear friends, Nancy Keeler and Mike Buffin, whose support, encouragement, and laughter made my personal struggles through this project lighter and more manageable.

Heartfelt appreciation is given to my parents, Peter and Theresa Brucki, who instilled in me and continue to encourage a high regard for independence, loyalty, and dedication to a cause.

Lastly, I would like to dedicate this thesis in loving rememberance of my grandmother, Adeline Kanthack, whose zest for life and faith in human nature has served as an inspiration throughout my life.

Hope L. Brucki
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CHAPTER I

INTRODUCTION

The use of purposeful activities has been a vital and integral part of the occupational therapy profession since its inception. Hinojosa, Sabari, and Rosenfeld (1983) noted that "occupational therapy education in activity analysis and the behavioral and biological sciences provide the background necessary to use activities as therapeutic modalities for clients with a variety of physical, cognitive, emotional, and social disorders" (p. 805). Mosey (1986) stated that activity analysis and synthesis are the means by which occupational therapists understand and appropriately use purposeful activities and activity groups. This author described activity analysis as the process used to distinguish components of an activity, and activity synthesis as "the process of combining component parts of the human and nonhuman environment so as to design an activity suitable for evaluation of or intervention in various areas of human function" (p. 12).

One of the components that occupational therapists consider in the analysis of activities is the type of group structure in which the activity takes place. Activity groups have been named as one of the "legitimate tools of occupational therapy" (Mosey, 1981, p. 89). Meyer (1922) initially described the various types of groups used in occupational therapy practice. However, there has been little research conducted in methods of treatment utilizing group
activities. The need for such research has been repeatedly emphasized. For example, Tucker (1953), in his critique of a study on group work in occupational therapy stated, "What is important is that personnel in the field of occupational therapy are beginning to show an active scientific curiosity as to the meaning and value of their work" (p. 123). However, in 1986, 33 years later, Howe and Schwartzberg, in their book on group work in occupational therapy, reported that "there are relatively few research studies on group treatment and group work in occupational therapy" (p. 237). It seems that although this is an important area of practice, there has been little research to qualify assumptions and validate ideas on group work in occupational therapy.

Statement of Purpose

The purpose of this present study was to expand the body of knowledge which the profession of occupational therapy is developing to better understand the use of activities in various group structures. Subjects in this study were involved in the activity of theme-oriented poster making. This activity required participants to choose a theme and construct a poster related to that theme using materials that were provided. Subjects were in groups in which they engaged in a common activity or in groups in which they engaged in an individual activity. Common activities are similar to project group activities in which members participate in a common goal or end-product. Individual activities, like parallel group activities, involve members engaging in individual projects, but allowing members
to interact with other group members. Studied were the effects of these different group structures on group cohesion, engagement, and affective meanings in acute-care psychiatric patients. The population studied is one that frequently receives occupational therapy services via parallel and project activity groups.

Review of Selected Literature

Some studies that have explored activity group structures have been conducted by professionals other than occupational therapists. These studies include those done by Moriarity (1976), Beal, Duckro, Elias, and Hecht (1977), and Weathers, Messé, and Aronoff (1984). Research done in the field of occupational therapy has included studies that have compared two distinct types of groups: activity groups and verbal groups (Bobis, Harrison, & Traub, 1955; DeCarlo & Mann, 1985; Froehlich & Nelson, 1986). Other studies have focused on the use of specific activities with various populations. For example, Kielhofner and Miyake (1981) reported on an exploratory study that examined the therapeutic use of games with adult mentally retarded clients.

Closely related to this present investigation are examples of occupational therapy studies comparing different kinds of activity group structures. Some of these studies have followed the guidelines of Mosey (1973) who identified five types of group structures, the interaction skills associated with each type, and activities that could possibly be utilized within each type. The five types of group structures include: (a) parallel, (b) project, (c) egocentric-
cooperative, (d) cooperative, and (e) mature. Anderson (1936), who was the first author to describe a "project" group in a therapeutic context, defined such a group as one in which all members actively participate together toward a common goal or end-product. Mosey (1973) defined a parallel group as one in which members focus on individual activities well within their abilities. Thus, she theorized, the activities would not require the patients' full attention and they could freely interact with other group members.

Examining the concept of combining various group structures and activities, Schwartzberg, Howe, and McDermott (1982) compared the tendency of three different types of groups to facilitate social interaction. These researchers used the format of a parallel task group, a process-oriented verbal group, and a process-oriented activity group in their study. The results of their study indicated that the parallel task group generated more communication than did the other groups. Adelstein and Nelson (1985) examined the effects of sharing and non-sharing of end-products and materials on affective meanings within groups. Their study, using collage activities with university students, discerned no significant differences between the two experimental conditions on three factors of affective meaning. Affective meaning, as used in this study, was measured by Osgood's short-form semantic differential (OSD) and includes the factors of evaluation, power, and action.

Three recent studies have also used the concept of activity group structures and have used the OSD in combination with other measurement instruments. Steffan and Nelson (in press) used the OSD
as well as the Group Climate Questionnaire-Short Form (GCQ-S) in comparing three levels of supplies in a stenciling activity. The GCQ-S (MacKenzie, 1983) measures engagement, avoidance, and conflict in relationship to group developmental stages. The Steffan and Nelson study, involving university occupational therapy students, found that higher engagement scores occurred in the groups with moderate supply levels, and no differences were found in the area of affective meaning between the groups. The groups with scarce levels of supplies had the shortest completion time. Nelson, Peterson, Smith, Boughton, and Whalen (in press) used both the OSD and the GCQ-S, as well as directly observed social behavior, to measure the effects of project and parallel groups on affective meanings and social interaction in healthy senior citizens. Their study indicated that the project groups elicited more verbal and nonverbal interaction and were rated as more active than the parallel groups. Banning and Nelson (in press) utilized the OSD and the Group Environment Scale (GES) developed by Moos and Humphrey (1974) to study group structure and humor. The GES measures group cohesion and nine other social-environmental group characteristics. This study found that activity designed to elicit humor was rated higher on evaluation, action, and cohesion, and that humor oriented groups were especially cohesive in the project as opposed to the parallel condition.
CHAPTER II

DESIGN AND METHODOLOGY

Variables

The independent variables in this study were common activity group structure and individual activity group structure. The dependent variables were group cohesion, the engagement factor of group climate, and the three factors of affective meaning: evaluation, power, and action. Cohesion is defined as "the degree of members' involvement in and commitment to the group, and the concern and friendship they show for one another" (Moos, 1981, p. 2). For the purpose of this study, engagement was defined as the individuals' level of involvement in the group. Nelson, Thompson, and Moore (1982) offered these definitions of the three factors of affective meaning:

**Evaluation** is defined as the factor of affective meaning that summarizes the degree to which the person feels positively or negatively about something. **Power** is the factor of affective meaning that summarizes the person's feelings in terms of the magnitude of effect something potentially has on its environment. **Action** is the factor of affective meaning that represents the person's feelings about the degree of movement or volatility associated with something. (p. 382)

Hypotheses

This study posed the following research question: In acute-care psychiatric patients, is there a difference between the effects
of common and individual activity group structure in terms of cohesion, engagement, or affective meanings? From this research question, it was hypothesized that different types of activity group structures would impact the way individual group members perceived the group experience. More specifically, it was expected that the members of the common activity group structure would rate the experience higher on the factors of cohesion, engagement, evaluation, and action, than the members of the individual activity structure.

Subjects

The setting for the study was the Mulder Therapy Center at Pine Rest Christian Hospital in Grand Rapids, Michigan. This is an acute-care treatment center in a private psychiatric hospital. One of the criteria for involvement in the study was that subjects would be involved in at least their second week in the inpatient milieu. The other criterion for involvement in this study was that only those patients who were exhibiting no active thought disorder, severe attention deficit, or behavior inappropriate for group activities were selected. The primary researcher, who was also an occupational therapist at Mulder Therapy Center, with input from other treatment professionals working with potential subjects, decided on the appropriateness of the subjects for this study.

Of the 48 subjects that were recruited, 38 actually participated in the study, including 24 women and 14 men. The 10 dropouts were due to hospital discharge, physical illness, conflicting appointments, and one case of behavioral regression. Data collected
from each subject's medical record included age, present length of stay in the hospital, prior psychiatric hospitalizations, and diagnosis. The ages of the subjects ranged from 18 to 53 years of age, with the mean of 32.6 years ($\text{SD} = 9.2$). The length of present hospitalization ranged from 12 days to 42 days, with a mean of 25.5 days. The number of previous psychiatric hospitalizations ranged from zero to three, with the mean of 0.6. Subjects had a wide variety of psychiatric diagnoses and many had dual diagnoses. The most common diagnoses were major depression, adjustment disorder, and dysthymic disorder. Other diagnoses included, but were not limited to, eating disorders, anxiety disorders, psychogenic amnesia, substance abuse disorders, bipolar disorder, and post-traumatic stress disorder.

Materials

Materials used for this study included the following: (a) a set of six jars of tempera poster paints (.75 fl oz each) including green, white, blue, yellow, red, and black, (b) five paint brushes of assorted sizes, (c) a shoe box full of markers in assorted colors and sizes, (d) three pairs of scissors, (e) two boxes of pastel chalks containing approximately 20 pieces per box, (f) one box of facial tissue, (g) 6 pencils, (h) a shoe box full of crayons in assorted colors, (i) a piece of newspaper to use as scrap paper or for the soiled paint brushes, (j) name tags, and (k) paper. The paper for the individual activity groups measured 18 inches wide and 24 inches long, and the paper for the common activity groups measured 36 inches
wide and 60 inches long. The common activity paper was five times as large as the individual activity paper because it was predicted that there would be approximately five subjects in each common activity group. The sizes of the paper were chosen to fit on the tables along with the other materials and to be large enough to accommodate the media of chalk, paint, markers, and crayons.

Procedure

Patients were contacted by the primary researcher (who was also the group leader) and informed about the study. If they agreed to participate, subjects were asked to sign an informed consent form prior to their involvement in the study. The consent forms were placed in the patients' medical records.

On a random basis, six patients were invited to participate in each of the eight activity groups. Each subject was involved in only one condition of the independent variable. The ratio of women to men assigned to each group was three to three or four to two. No group was conducted with less than four subjects, with at least one group member being male.

The study involved the activity of theme-oriented poster making. This activity was chosen because it is appropriate for the population and typical of the types of activities used in this particular psychiatric setting. The activity lends itself to being done either as a common activity or an individual activity and can be completed in a reasonable amount of time. Materials needed for this activity are commonly available in psychiatric occupational therapy settings.
Patients were randomly assigned to one of the two treatment conditions. See Table 1 for the characteristics of subjects. There were four groups (n = 18) that experienced the individual activity group structure and four groups (n = 20) that experienced the common activity group structure. Each subject was assigned to one of the scheduled sessions. The patients were given three to seven days notice of the time, date, and place of the group experience. Ward secretaries were notified of the time and date as well, so no conflicting appointments would be scheduled. Activity therapy staff in Mulder Therapy Center were notified during the time frame that the study took place so that they would not duplicate or engage in activities in their treatment sessions that resembled the activity in this study. During the activity group sessions, "Do Not Disturb" signs were placed on the doors to minimize outside interference.

In conducting the experimental groups, the group leader greeted the members as they arrived and invited them to sit around a table where materials were already set out. Each patient was asked to put one's first name on a name tag and to display the name tag where others could see it. When all the subjects arrived, the group leader reintroduced herself and asked the group members to introduce themselves by first name. (Subjects may have known each other or the group leader who served as an occupational therapist in the facility, prior to the study.) Instructions were put on a poster board and were read to the group by the leader. The four groups in the individual activity group structure were given these instructions:
### Table 1

Characteristics of the Subjects in the Two Experimental Conditions: Individual Activity Group Structure and Common Activity Group Structure

<table>
<thead>
<tr>
<th>Variables</th>
<th>Experimental Condition</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Individual Activity Grp.</td>
<td>18</td>
<td>32.0</td>
<td>8.9</td>
</tr>
<tr>
<td></td>
<td>Common Activity Grp.</td>
<td>20</td>
<td>33.2</td>
<td>9.6</td>
</tr>
<tr>
<td>Previous Hospitalizations</td>
<td>Individual Activity Grp.</td>
<td>18</td>
<td>0.6</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>Common Activity Grp.</td>
<td>20</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Current Days</td>
<td>Individual Activity Grp.</td>
<td>18</td>
<td>26.4</td>
<td>9.7</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>Common Activity Grp.</td>
<td>20</td>
<td>24.6</td>
<td>8.2</td>
</tr>
</tbody>
</table>

\(^a_n = 11\) females and 7 males

\(^b_n = 13\) females and 7 males

I want to thank you for coming today. I'd like you to make a poster of something you want or need to express today. Your poster can express a feeling, thought, desire, piece of advice, or whatever message you want to convey. Each of you will make your own poster using the materials provided here. I would like you to finish within forty minutes. I will remain in the room to answer any questions you might have. Please begin.

The four groups in the common activity group structure were given these instructions:

I want to thank you for coming today. I'd like you to make a poster of something you want or need to express today. Your poster can express a feeling, thought, desire, piece of advice, or whatever message you want to convey. You will work together as a group to make one poster using the
materials provided here. I would like you to finish within forty minutes. I will remain in the room to answer any questions you might have. Please begin.

The group leader notified the group after 35 minutes that they had five minutes to finish.

After completion of the activity, the leader distributed questionnaires which served as the source of data collection. After filling out the questionnaires, subjects were asked not to discuss the experience with other patients until notice was posted that the study had been completed. This was done so that other subjects would not have expectations of the activity. When the questionnaires were turned in to the group leader, members were invited to share briefly what their posters were about. The entire time each group was involved in the study did not exceed one hour.

Data Collection

The questionnaire given to each subject was composed of three measurement instruments. Group cohesion was measured using the nine items from the cohesion subscale of the GES developed by Moos and Humphrey (1974). The engagement subscale of the GCQ-S, developed by MacKenzie (1983), was used to measure the group factor of engagement. It has five items on seven-point Likert scales, ranging from "not at all" to "extremely". The subjects were asked to respond to the five questions in regards to how they felt about the group experience.

The OSD was used to measure the affective meaning factors of evaluation, power, and action. This instrument consists of twelve
seven-point scales. Subjects were asked to respond to the experience by rating it on a continuum of two opposing words. The OSD has been recognized as a reliable and valid measurement of affective response (Osgood, 1952, p. 230).
CHAPTER III

FINDINGS

Results

See Tables 2 to 6 for the results. A $t$-test indicated that there was indeed a significant difference between the two experimental conditions on the affective meaning factor of action, $t(36) = 2.9, p < .01$. The common activity groups rated the group experience as more active than did the individual activity groups. However, there were no statistically significant differences between the two experimental conditions on cohesion, engagement, evaluation, or power. It was noted that subjects in both experimental conditions rated the activity above 16 on the evaluation factor, with 12 considered a neutral evaluation on the 0-24 scale.

Although the only significant difference between the two experimental conditions was on the factor of action, Tables 2 to 6 suggest that differences on other variables existed among the four groups in each of the two experimental conditions. Therefore, an analysis of variance with the eight groups nested within the two experimental conditions was conducted for each of the dependent variables. Results indicated significant differences between the nested groups on all five dependent variables. For cohesion, $F(6,30) = 5.9, p < .01$; for engagement, $F(6,30) = 8.0, p < .01$; for evaluation, $F(6,30) = 3.1, p < .05$; for power, $F(6,30) = 3.1, p <
and for action, $F(6,30) = 2.6$, $p < .05$.

Table 2
Effects of Activity Group Structure on Cohesion Between Experimental Conditions and Between Groups Nested Within Experimental Conditions

<table>
<thead>
<tr>
<th></th>
<th>GP 1</th>
<th>GP 2</th>
<th>GP 3</th>
<th>GP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Activity</td>
<td>n</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>n = 20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M = 6.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD = 2.4</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Individual Activity</th>
<th>GP 5</th>
<th>GP 6</th>
<th>GP 7</th>
<th>GP 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 18</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>M = 6.4</td>
<td>3.8</td>
<td>8.5</td>
<td>6.4</td>
<td>7.5</td>
</tr>
<tr>
<td>SD = 2.5</td>
<td>1.5</td>
<td>1.0</td>
<td>2.8</td>
<td>1.9</td>
</tr>
</tbody>
</table>

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Table 3
Effects of Activity Group Structure on Engagement Between Experimental Conditions and Between Groups Nested Within Experimental Conditions

<table>
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<tr>
<th></th>
<th>GP 1</th>
<th>GP 2</th>
<th>GP 3</th>
<th>GP 4</th>
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<tr>
<td><strong>Common Activity</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>n =</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>M =</td>
<td>47.2</td>
<td>56.6</td>
<td>55.5</td>
<td>37.0</td>
</tr>
<tr>
<td>SD =</td>
<td>6.3</td>
<td>6.8</td>
<td>3.7</td>
<td>3.4</td>
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<table>
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<tr>
<th></th>
<th>GP 5</th>
<th>GP 6</th>
<th>GP 7</th>
<th>GP 8</th>
</tr>
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<tbody>
<tr>
<td><strong>Individual Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n =</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>M =</td>
<td>44.6</td>
<td>49.3</td>
<td>44.8</td>
<td>47.3</td>
</tr>
<tr>
<td>SD =</td>
<td>6.3</td>
<td>3.2</td>
<td>6.1</td>
<td>5.4</td>
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Table 4
Effects of Activity Group Structure on Evaluation Between Experimental Conditions and Between Groups Nested Within Experimental Conditions

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<th>Common Activity</th>
<th>GP 1</th>
<th>GP 2</th>
<th>GP 3</th>
<th>GP 4</th>
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<td>n = 20</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>6</td>
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<tr>
<td>M = 17.0</td>
<td>13.6</td>
<td>20.4</td>
<td>17.5</td>
<td>16.7</td>
</tr>
<tr>
<td>SD = 3.5</td>
<td>3.2</td>
<td>3.0</td>
<td>2.5</td>
<td>2.1</td>
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<tr>
<th>Individual Activity</th>
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<th>GP 6</th>
<th>GP 7</th>
<th>GP 8</th>
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<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>M = 16.4</td>
<td>13.0</td>
<td>18.8</td>
<td>17.6</td>
<td>17.0</td>
</tr>
<tr>
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</table>
Table 5
Effects of Activity Group Structure on Power Between Experimental Conditions and Between Groups Nested Within Experimental Conditions

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<th>GP 2</th>
<th>GP 3</th>
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<th>GP 6</th>
<th>GP 7</th>
<th>GP 8</th>
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<td>3.0</td>
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</tbody>
</table>
Table 6
Effects of Activity Group Structure on Action Between Experimental Conditions and Between Groups Nested Within Experimental Conditions

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<th>GP 2</th>
<th>GP 3</th>
<th>GP 4</th>
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<tbody>
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<td></td>
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<tr>
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</tr>
<tr>
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<td>3.6</td>
<td>1.7</td>
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<table>
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<tr>
<th></th>
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<th>GP 6</th>
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<td>SD =</td>
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<td>3.2</td>
<td>2.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>
Discussion

Confirming the hypothesis, the common activity groups did rate the experience as more active than did the individual activity groups. The reason for this may be that the common activity groups were given one large piece of paper and, as noted by observation, subjects often got up from their seats and moved around the table to contribute to the total poster-making activity. Therefore, the groups tended to be more lively, both physically and interpersonally. Subjects in the individual activity groups tended to remain seated with their papers in front of them and used the supplies closest to them while occasionally asking for various materials to be passed their way.

Contrary to the original hypothesis, there were no significant differences between the common activity groups and the individual activity groups on cohesion, engagement, and evaluation. The reason for this outcome may be best understood by recognizing the significant differences between groups as confirmed by the analysis of variance for nested designs. Groups experiencing the same activity behaved very differently from each other. Observations of the groups suggested that individual attitudes and moods affected the groups within both experimental conditions. Therefore, individual willingness, disposition, or choice to be involved in or committed to the group process at the time of the scheduled activity seemed to influence the entire group. The group leader was not always present at subjects' prior sessions and therefore was not always aware of the
of the experiences that took place before coming into the experimental session. In actuality, the occupational therapists at Mulder Therapy Center are usually involved in or made aware of sessions throughout the day in which their primary patients are involved. Subjects who came into the experimental session reporting that they had been involved in a stressful or emotionally provocative session (e.g., psychodrama, individual therapy, etc.) or course of events throughout the day tended to be withdrawn, quiet, and preoccupied. These behaviors seemed to impact the groups by limiting communication, cooperation, and problem solving within the groups. This in turn seemed to influence how the groups rated the experience. In the common activity groups, some of the members attempted, but failed, to fully engage other group members into the poster-making activity. Subsequently, they functioned more autonomously. Hare (1962, p. 354) explained how factors such as low motivation, poor communication and personality conflict can affect group process. Similarly, in discussing nonverbal communication in small groups, Barker, Wahlers, Cegala, and Kibler (1984, p. 163) spoke about how silence can interrupt group process because it can mean a variety of things and may be difficult for group members to understand.

The influences of moods and prior experiences on a group are important to the occupational therapist conducting therapeutic groups within a psychiatric setting. Not only is the choice of therapeutic activity important, but so is an awareness of each individual's orientation and prior experiences before joining the group. Nelson
(1984, p. 120) discussed how part of activity analysis is the sequence of events leading up to the activity. This awareness is as important to occupational therapy practice as the analysis of other features of the activity or environment.

This leads to consideration of another important aspect of occupational therapy treatment, namely, the therapeutic use of self. This phenomenon is described by Mosey (1986): "Conscious use of self, simply stated, is the use of self in such a way that one becomes an effective tool in the evaluation and intervention process" (p. 199). Each of the groups in this study was conducted by the primary researcher, who after giving directions to the group, was not involved in the group process (as called for by the predetermined experimental plan). However, in the Mulder Therapy Center program, as perhaps in other psychiatric facilities, occupational therapists are often actively involved in the group process and serve to facilitate and subtly promote the therapeutic aims of a given group by providing feedback to group members. In the absence of the therapist's influence, the groups in the study were left with the total responsibility of developing group tone and atmosphere. As in the present study, Froehlich and Nelson (1986) found differences within their nested experimental groups in an activity-based study of healthy senior citizens. These researchers also suggested that the lack of leader's involvement in their groups may have caused the groups to form and function differently than if a leader had been involved.

Both Mosey and Tiffany (1983) described a variety of roles a
therapist can assume to encourage and promote desired responses in
group members. For example, when a problem arose in an experimental
group that interfered with the group's process, especially in a
common activity group, the therapist could have aided in the
communication process between group members, shown empathy to those
individuals who seemed troubled or preoccupied, and attempted to
create a caring atmosphere. In some cases, the use of humor by the
therapist may have helped to establish a relaxed environment, giving
subjects a break from the seriousness of the problems they brought
with them into the experimental groups. While naturalistic, however,
this type of therapist interaction was purposefully left out of the
present study because of the possibility of unequal treatment of the
two types of groups. It would be interesting to conduct a study that
would compare and contrast therapist's involvement versus therapist's
non-involvement in a group, but there would be major research design
problems to be solved in order to achieve internal validity.

This research was designed to involve groups rather than
individuals because much of occupational therapy treatment in
psychiatric settings takes place in a group context. Subjects were
drawn from three inpatient treatment teams within Mulder Therapy
Center. Random assignment was used; therefore, patients may or may
not have been involved in groups with one another prior to the
experimental groups. The patients at Mulder Therapy Center also
share a central lounge area in which there can be interchange among
patients of different treatment teams. The interaction and
atmosphere of the total milieu were difficult to control, and could
have been a factor influencing the independence of each subject's response. Future research might also involve more groups in each of the experimental conditions. This would give the study more power.

Research involving ongoing groups over a period of time, with subjects involved in a number of sessions, would also add strength to the independent variable. A study designed to have patients participating in their regular treatment groups would also be interesting; however, it would be difficult or impossible to isolate the effects of the independent variable from the effects of the subjects' entire treatment programs. There is an inherent problem in experimental groups in that the process can be disruptive and unnatural. A crossover design using individual and common activity group conditions may help alleviate this problem.

A criterion for involvement in this study was that subjects selected would be engaged in at least their second week in the inpatient milieu. This was done to (a) allow the individual adequate time to acclimate to being in the hospital, and (b) give subjects experience in being involved in group situations and processes. It was observed that subjects asked to participate in this study who were in the early phase of hospitalization seemed relatively overwhelmed and were more likely to decline the invitation to be involved in the study. It is recommended, therefore, that future research involving activity groups in a psychiatric setting consider using a similar criterion.

In analyzing various components of the engagement variable on an ex post facto basis, it appeared that the common activity groups
engaged in more challenging and confrontation than did the individual activity groups. This too might be an area of future study.

Conclusion

Little research has examined fundamental activity group processes upon which occupational therapy intervention is based. While this study did find that common activity groups were perceived as more active than individual activity groups, other differences were not found because of high differences between groups. Individuals' prior experiences and moods may influence group cohesion, engagement, and affective tone as much or more than the actual activity or the type of group structure in which the activity takes place.
Appendix A

Research Consent Form
PINE REST CHRISTIAN HOSPITAL

RESEARCH CONSENT FORM

PATIENT_________________________ DATE OF BIRTH____________________

The staff of Pine Rest Christian Hospital are committed to providing the best possible mental health services to each person coming to us. One of the ways we do this is to subject our programs, diagnostic procedures, and treatment methods to study and analysis through ongoing research activity. We ask your cooperation in this activity by agreeing to participate in this special project. The data collected from this study will be treated as confidential material and your own identity will not be revealed. The collection of this data will not alter your treatment program in any significant way. Please read the following consent form as a possible participant in this study:

I understand that the purpose of this study is to explore characteristics of group activities. I understand that the study will involve the use of art media and that I will be involved in a group with no more than five other patients. After participation in this study, I will be asked to fill out a questionnaire pertaining to the experience. I understand that the whole experience should not take longer than one hour and fifteen minutes of my time. A verbal explanation of this project has been given to me and I understand what my involvement will be.

I understand that I am free to discontinue my participation in this project at any time without penalty.

I understand that the results of this study will be kept in confidence in compliance with hospital standards and that my personal identity will in no way be revealed. Within these restrictions, the results of the study will be made available to me at my request.

I understand that, at my request, I can receive additional explanation of the study after the study is completed.

I understand that this project is a scientific investigation and that my response to the experience will be combined with those of others in any presentation of results. I understand that my participation will in no way reflect upon my treatment program.

I understand that this research project is being conducted by Hope L. Brucki, O.T.R for her thesis at Western Michigan University.

I hereby agree to participate in this research project.

Signed______________________________________ Date___________________

Witness_____________________________________ Date___________________

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Appendix B

Research Questionnaire
QUESTIONNAIRE

Now that you have completed this activity session, please fill out the following questionnaire. There are 3 parts. Read the directions carefully and answer the questions as best as you can.

PART I

TRUE or FALSE: Circle the answer you feel best describes this group.

T ---- F ---- There is a feeling of unity and cohesion in this group.
T ---- F ---- There is very little group spirit among members.
T ---- F ---- There is a strong feeling of belongingness in this group.
T ---- F ---- Members of this group feel close to each other.
T ---- F ---- Members put a lot of energy into this group.
T ---- F ---- A lot of members just seem to be passing time in this group.
T ---- F ---- The members are very proud of this group.
T ---- F ---- This is a rather apathetic group.
T ---- F ---- The group is a good place to make friends.
 PART II
Read each question and mark an "X" in one of the seven spaces between
the words "not at all" and "extremely" as to how you feel about this group.
Do not mark on the dots, but rather, mark between them.

1) The members liked and cared about each other.
   not at all _____:_____:_____:_____:_____:_____:____: extremely

2) The members tried to understand why they do the things they do,
   tried to reason it out.
   not at all _____:_____:_____:_____:_____:_____:____: extremely

3) The members felt what was happening was important and there was a
   sense of participation.
   not at all _____:_____:_____:_____:_____:_____:____: extremely

4) The members challenged and confronted each other in their efforts
   to sort things out.
   not at all _____:_____:_____:_____:_____:_____:____: extremely

5) The members revealed sensitive personal information or feelings.
   not at all _____:_____:_____:_____:_____:_____:____: extremely
PART III

Place an "X" in one of the seven spaces between the two words that best describes how you feel about this activity group. Do not mark on the dots.


Thank you very much! Please do not tell other patients about this experience as they may have also agreed to participate in this study. It is important that they enter this experience with no prior knowledge of the activity in question. I will post notice on the wards when the study is completed.
BIBLIOGRAPHY


