

# Dorota Janułowicz

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## Support and therapeutic help in work with groups in danger of exclusion and marginalization

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Dorota Janułowicz

## Support and therapeutic help in work with groups in danger of exclusion and marginalization

**Abstract:** The issue of therapeutic-corrective interactions focuses on integrated treatment covering distorted areas of everyday life of both families and children. The author emphasizes the sociotherapy and psychotherapy employed in the extensive range have undeniable impact on a change of psychosocial attitudes. More and more frequently work by means of corrective community method as well as support group operations is put in practice in group contacts. Creative approach to resocialization and establishing expert corrective programmes may produce effects with the use of intense, coordinated and systematic treatment. The article contains different important information connected with help, care and psychosocial support for marginalized groups.

**Key-words:** therapeutic programs, the impact of sociotherapy, psychotherapy, support group, community correction.

### Introduction

The functioning of risk groups covers all not accidental actions and behaviours leading to the lack of recognition and acceptance of commonly approved patterns, norms and social behaviours. Pejorative behaviours are frequently accompanied by various types of pathology accumulated and copied from generation to generation by projecting. The issue of therapeutic-corrective interactions focuses on integrated treatment covering distorted areas of everyday life of both families and children. The supportive operation also concentrates on positive aspects of functioning of dysfunctional individuals so that favourable climate of corrective influence is built based on specific achievements, interests, passions. The range of work with risk groups includes initiatives made by social workers, probation officers, teachers, educators, therapists as well as all the scientific, cultural and art attainments. The forms of relief, care and assistance depend on the kind of disorder, ward persona-

lity, family type, elements conducive to reparation actions and factors stimulating pathological behaviours. Interdisciplinary approach to forms of relief increases the possibility to perform effective reparation actions on different levels of psychosocial influences.

### **Sociotherapy and psychotherapy as correction of psychosocial attitudes**

A group mostly exposed to stigmatization and exclusion is a collection of the youth raised in unfavourable conditions of their environment. Functional changes which arise under the influence of pathology of their life are fixed and repeated sequences of behaviors stimulating social maladjustment. Early guidance in the area of correcting social attitude and educating how to solve problems by legally and culturally approved forms is absolutely essential. Sociotherapeutic actions lead to creating positive interpersonal relations on a micro and macro-social scale. Sociotherapy in a course of group meetings assumes treatment of unsettled behavior and some emotional disorders of children and teenagers [Sawicka 1998]. The object of sociotherapy are problems occurring in social functioning which present the sum of experiences distorting the attitude to others, yourself as well as life tasks and goals.

Sociotherapy as a method of help is used in a very wide range. It constitutes a direct form of psychological and pedagogical support. The approved style of actions is located between interpersonal training and psychotherapy. It comes in a shape of structural group meetings covering education, general development and therapy of behaviours (ibidem). On the other hand Reber describes sociotherapy as a collection of different forms of therapy which emphasizes mainly the correction of interpersonal relations and social and environmental factors [Reber 2000]. The range of treatment contains group psychotherapy, drama and its variations. However, in other publications sociotherapy is treated as a complementary method of psychotherapeutic work and indispensable element of rehabilitation treatment [Płużyński 1993]. The elementary aims of sociotherapeutic classes are first and foremost:

1. Analysis and correction of major traumas suffered by participants in peer interactions, relations with adults as well as different types of faulty behaviours or individual and group reactions.
2. Guidance in forms of response to tensions, conflicts and negative emotions arisen due to experiencing aspects of widely comprehended environmental pathology (home, school, peers, the local environment).

However, the most vital aim of sociotherapeutic classes is adequate expression and release of different emotions. Emotional experiences and their skillful exposure lead to unblocking cognitive and behavioural sphere stimulating to changes the way an individual functions. Sociotherapeutic classes include first and foremost the ability to differentiate and deal with emotions, take care of one's own auto-

my and needs. They also shape personality by the ability to diagnose someone else's and your own needs and establish proper interpersonal relations. Educational aims of the sociotherapeutic classes cover learning to cooperate, taking on different social roles, recognizing phases and processes of addictions. Conflict solving is one of the basic skills trained during therapeutic meetings.

Work with risk groups is not only connected with widely known education of adequate behaviours changing pathological reality. It bases mainly on positive aspects such as interests, talents and passions. Creative factors enable to escape from the everyday existence, deviant behaviours and confrontational situations. Teaching how to spend spare time as well as the ability to defend oneself against manipulation or abuse prepares wards to function independently in the society. The range of sociotherapeutic trainings covers also gaining knowledge of assertiveness, contact in the aid situation, communication, integration and learning how to search and receive help. Moreover, sociotherapy as a method of psychological and pedagogical guidance is mainly directed to children and teenagers who suffer from emotional and behavioural disorders. However, there are high risk groups which include children from alcoholic families where a high risk of causing addiction and development of physical and mental health disorders is common. Sociotherapeutic classes in group meetings provide the participants with [Sawicka 2007]:

- Experiences radically different from traumatic encounters;
- Experiences compensating depriving feelings, behaviours and emotions;
- Being able to give vent to emotional and stressful situations;
- Favourable conditions to learn how to handle new and positive abilities.

Classes with a group observe certain rules of composition and achievement. Both sociotherapeutic and psychotherapeutic classes have precise time, the main goal and its detailed guidelines. Group-based work assumes periodicity of the meetings held in stages by means of different methods depending on the identified problem. Clear division and procedures are set in the group work. In the psychotherapeutic group process certain corrective actions are taken which are divided into phases of the group development [Schneider - Corey, Corey 2002]:

1. In the initial phase the framework and group size need to be determined as well as frequency, meeting time, performing time, meeting place and guidelines referring to forms of work with the group: closed or open.
2. Phase two assumes the beginning of the group work. The first dilemmas appear, among them the group resistance, me-and-others concentration problems. Moreover, mutual goals are set as well as defining the meaning of modeling, attitudes and operations which win trust. It is also essential to specify the group norms and responsibility awareness.
3. The next stage is the transition phase of the group. All emotional, psychosocial

problems occur here as well as various typical and untypical behavior disorders. Work of the group on this particular stage requires forming adequate therapeutic bonds and mutual trust from both the participants and the coordinators.

4. The stage of constructive group work covers work on the symptoms signaled in the initial and transition stages of the constructive actions. The subject of this phase is first and foremost defining the constructive or non-constructive approach to the participants. The fourth stage assumes work with the group in therapeutic areas such as cognitive factors, motivation for changes, personal strength, sense of humour, friendliness, openness, care, acceptance, readiness to meet challenges, hope, the sense of community and feedback as well as confrontation skills.
5. The last stage is the end of working with the group where the effects of work are strengthened and consolidated. At times there is a need to hold complementary and additional group or individual meetings.

Therapeutic work with risk groups influences both receivers of such treatment and the local environment in a stimulating way. Experiences gained during the classes facilitate psychosocial functioning through additional skills of how to deal with difficult situations.

### **Work by means of corrective community and functions of support groups**

Corrective community is an alternative for deviating peer groups or the ones functioning in a destructive manner. It is composed of all the members, educators, therapists, teachers and wards. The fundament of treatment is democratization of relations among the participants regardless of roles played in the societal structures. All the decisions concerning the participation of a ward in the classes of a certain institution are made by the whole community. Work by community method is based on group processes alike psychotherapy and sociotherapy. Generally initial, transition and constructive work phases are distinguished here. Taking into consideration the functioning of the whole community the beginning of community formation is vital and based on respect and observance of established rules and regulations. Each of the members has specified range of competences which are designated depending on wards' abilities. The work model is focused on self-government, law and order, the openness of relations and respecting the rights of all the members. Small community groups are conducive to forming the sense of safety and group responsibility for observance of the law and development of all the members.

The participation in the community is optional and does not require the acceptance of other members. Contract signing, mutual recognition, establishment of rules, the conflict phase and cooperation are included. The community sets basic goals:

1. Shaping a feeling of respect in wards to yourself and others.
2. Shaping mutual tolerance and understanding in everyday situations.
3. Not using aggression or addictive substances as a form of problem solving or individual and interpersonal conflicts.
4. Developing skills of receiving feedback about you, justification and deft problem formulation.
5. Creative dilemma solving and developing self-awareness and individual predispositions.
6. Stimulating to keep appropriate attitudes and social behaviours.
7. Correcting forms of social maladjustment.

Work by means of corrective community method is applied in many Polish institutions, among them local common rooms, school sociotherapeutic centres, penal institutions, therapeutic groups (for example groups of Anonymous Alcoholics or Gamblers). The most widely-known form of treatment are rules formulated by Monar where one of the forms of influencing addicts is corrective group work. Skills acquired during the treatment contain:

- Dealing with an addiction problem and the awareness of addiction phases and symptoms;
- Forming proper relations with another person and ability to get along with a group;
- Ability to obey elementary rules in the group;
- Building and sustaining contacts with parents and intimates;
- Ability to cope with problems and emotions related to them;
- Challenging the expression of needs, emotions and feelings;
- Perceiving and understanding the performance of particular roles in family, group and the society
- Raising self-awareness and strengthening the sense of self-esteem.

In each case of working by corrective group method it is important to mainly break your own resistance in acting, thinking and interpersonal relationships. The required feature is empathy which supports the process of behavior correction in different life spheres.

Support groups are founded in Poland in various organizations and therapeutic centres. They constitute support of functioning for people with the same or similar life problem. The idea of creating groups of that kind is to help each other and support in traumatic moments. Such movements and organizations started to appear in the 1980s in the USA as an answer to widespread problems, shrinking support resources and abstract expectations of specialist solutions [Egan 2002]. This form of help covers groups which are in danger of marginalization and exc-

clusion because of social pathology, discrimination, life failure and care and education incapacity. Members talk about problems, emotions they encounter, life situations during their meeting. They share their experiences which they underwent in traumatic situations. Keeping them a secret and in discretion is obligatory. The core of effectiveness is mainly the empathy of a helper 'as a main method of understanding the help seeker and making them feel understood. The helper sees the world in a way the help seeker perceives it, which means according to his internal reference system. The helper cannot lose their own identity and objectivity though' [GaŃ 2000, p. 134]. The group enables to understand rules of protecting your own rights; teaches the expression of your own opinions, emotions and needs; gives faith in your own power and abilities. It allows to discover individual strengths determining your own self-esteem and personal dignity. Support groups are set up frequently by people who are not necessarily specialists in a particular field. However, holding conversations, opening up about pressing problems makes the community closer and more united. Currently internet support clubs are more common which gather different circles of people depending on the problem specification.

### **Expert support programmes in closed institutions**

A considerable group of socially stigmatized people is composed of inmates and people with court sentences. Isolation leads to mental and physical disorders decreasing the possibility to function properly in the society. Inmates are detained which causes deprivation of their needs: love, autonomy, decision making stimulating inadequate behaviours. They are subjected to constant control. They have to abide by the rules and regulations established in a particular institution, they have limited supply of outdoor information and restricted private space. Deprivation of needs, personal dignity and self-respect and respect towards others causes deformity of perceiving life as the most precious gift. Depersonalization, personal disintegration and breakdown of hitherto beliefs and convictions frequently lead to strong internalization of prison subculture which constitutes the alternative of life in the isolated world. Depriving of freedom as a natural existential area causes the loss of life sense, alienation, the sense of loneliness. A considerable group of isolated people has emotional problems perceived as a mental state with affective, judgmental or intentional character, including sadness, contentment, repulsion and other internal feelings [Colman 2009, p. 192].

Isolation evokes irrational interpretation of events, facts, situations and incidents. The result may be emotional disturbances and lack of internal control. Psychoses suffered by inmates in penal institutions may be divided into endogenic and exogenic ones. The first ones result from individual states, the human interior to be precise. The core of exogenic psychoses is unfavourable external factors (for example alcoholic psychoses appearing after years of alcohol consumption) as well

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as situational circumstances resulting from severe mental trauma [Przybyliński 2007].

Programmes supporting the functioning of isolating risk groups focus on many distorted spheres of life. The subject of trainings, workshops, corrective and pedagogical classes covers inter alia:

- acquiring the interpersonal and social abilities,
- applying for a job,
- computer literacy and office skills,
- completing education, raising qualifications,
- combating addictions and aggression,
- restoring faith in your own possibilities and strengths,
- rebuilding family bonds.

Programs from the area of violence prevention in family both for victims and perpetrators are interesting programs run in penitentiaries [Marczak, p. 160]. Educators, carers, psychologists and therapists connected with work in particular penitentiary units are implementers and authors of specific programs. The principal aims are hitherto actions directed at diminishing and controlling the level of aggression among detainees; recognizing the state of tension growth and violent behaviours; raising awareness of violence usage; educating how to solve problems in a way which does not violate dignity of particular family members; informing about institutions offering help in problem solving inside a family.

Other programs launched within the precincts of prison are programs referring to addictions and preparation for life at liberty [ibidem, p. 170, 93]. The overall aim of fighting addictions is keeping long-term abstinence and confirmation of helplessness in front of alcoholism and loss of possibility to control your own life. The main stipulations of addiction treatment programs enable inmates to gain knowledge connected with the essence of addiction, develop defense mechanisms by gaining insight into oneself, acquire knowledge about motives of behaviours, shape a positive picture of oneself, improve social functioning.

The element of optimal release socialization is an absolutely necessary and important program from the point of society and an inmate's view through adequate vocational counselling, employment seeking, the ability to seek help in various state and non-governmental institutions and securing a workplace after releasing a penal institution. Actions in favour of meeting the major goals are a coordination of numerous trainings and courses enabling inmates to achieve skills of handling social situations on many levels.

### **Creative approach in resocialization**

One of the most important aspects of work with risk groups is influencing a ward. Not every person is liable to pedagogical edification. It refers especially to



people deprived of authorities and demoralized to a higher or lesser degree. The role of the educator is to find the right way to reach internal layers of consciousness and create a space of understanding. Both theorists and practitioners assume that family environment is responsible for behavior disorders and their consequences [Urban 2000, p. 161], hence the role of people working in various treatment centres with the endangered youth is deep analysis of the phenomenon and comprehensive socialization.

Creative resocialization is a discovery of recent years which delivers the greatest number of positive changes in personality, ways of acting and understanding the world by wards in risk groups. Therefore a distinctive difference exists between a traditional pedagogical resocialization treatment and a creative resocialization treatment. The latter is destined for not really the correction of social attitude of the wards but mainly for development of cognitive and creative processes of socially maladjusted people. The creative process is commonly understood as developing certain unique, inimitable values with meta-social character [Konopczyński 2006, p. 157]. With reference to resocialization education the process of creative resocialization consists in:

- Change of previous identity parameters of a ward;
- Acceptance of changes in a ward by the environment and the ward himself;
- Positive cultural readaptation of the ward.

The fundament of modern practical treatment comprises techniques and methods of treating a ward leading to development of structural cognitive and creative processes. The result of creative treatment in resocialization is development of competences as well as social skills and a formation of social and individual identity parameters different from the previous ones [ibidem].

Helpful factors in corrective treatment are first and foremost multidimensional operation of culture, social and mental techniques. Interdisciplinary approach to work with risk groups covering education, culture, art, music, therapeutic treatment and elements of psychiatry and psychology establishes the base of personality change of the wards. Undoubtedly also individual predispositions of resocialization staff play the key role.

### **Resume**

The need of applying interdisciplinary theoretical and practical methods in work with risk groups influences the quality of corrective and therapeutic effects. Sociotherapy and psychotherapy employed in the extensive range have undeniable impact on a change of psychosocial attitudes. More and more frequently work by means of corrective community method as well as support group operations is put in practice in group contacts. Creative approach to resocialization and establishing expert corrective programmes may produce effects with the use of intense, coordinated and systematic treatment.

However, the major problem of modern societies are limited prevention actions, obviating exclusion and marginalization of particular groups. Still there are too few programmes aimed at schools, pedagogical institutes, education centres. Administering diagnostic and therapeutic treatment in the areas prone to social pathology is the foundation of maintaining social balance.

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