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Patients' Ranking of Therapeutic Factors in Group Analysis

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A B S T R A C T

The aim of this research is to assess which therapeutic factors are of greatest importance to patients in group analytic psychotherapy, and whether the patients' characteristics and the phase of the group process influenced their evaluation of therapeutic factors. The Yalom's group therapeutic factors questionnaire was filled out by 66 patients, members of small groups conducted according to group analytic principles. The average scores for each therapeutic factor were subsequently ranked by importance to the patients and related to their age, sex, education, previous psychotherapeutic experience and phase of group process. Self-understanding was the highest-ranking therapeutic factor for the patients (average score 21.32±0.04 out of 25 maximum), whereas identification was the lowest ranking factor (15.88±0.06 in average). Group therapeutic factors were scored higher by women, patients up to 30 years of age, high-school graduates, and those with previous psychotherapeutic experience. Self-understanding seems to be the most important therapeutic factor in group analysis, emphasizing the importance of appropriate selection of patients for group analysis in order to utilize therapeutic factors the best.

Key words: *therapeutic factors, group analysis, psychotherapy, Yalom*

Introduction

The efficiency of group analysis as a psychotherapeutic method has always been described descriptively, and very few studies have been based on objective measurements. Among the greatest methodological difficulties in psychotherapy, including group psychotherapy and group analysis is the impossibility of creating a control group, due to unrepeatability of the psychotherapeutic process. Therefore, measuring instruments may be applied only to the observed sample.

When writing about comparative analysis of group change mechanisms Lieber-

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man[1] says that what makes us measure the therapeutic changes is the belief that certain events are characteristic for therapeutic effects and do not result from certain conditions or influences. The dilemma whether something has been caused by the therapy or by something else, can be solved if we can differentiate the patient's reports on useful events from the objective improvement measures[1].

Among the numerous authors who have dealt with group psychotherapy research and developed various measurement instruments and questionnaires, Yalom's questionnaire proved to be by far the most acceptable, especially for assessing group therapeutic factors[2]. There is no doubt that in any type of group the patient feels better through the help extended to others in the group *(altruism).* Important is feeling togetherness/acceptance with other group members *(cohesiveness)* and a feeling of being in the 'same boat ' as other group members *(universality).* In the group others share the perceptions of each other (*interpersonal learning -input)* and there are opportunities for 'interpersonal experimentation' *(interpersonal learning – output).* For the members, group therapy is also the place for imparting information or giving advice to others *(guidance),* for ventilation and the release of strong feelings *(catharsis),* for modeling oneself on others, including the group therapist *(identification),* for the repeat of the original family experience *(family re-enactment).* Learning about the mechanisms underlying behavior and its origin, patients achieve psychogenetic insight *(self understanding).* The group member perceives that others are improving *(instillation of hope)* and finally, takes personal responsibility for actions *(existential).* Group therapeutic factors emerge spontaneously from the group, and the conductor (the group therapist) is to help the group-as-a-whole to pursue them. Although known as »therapeutic factors«, these factors are unfortunately nothing like medicines that a doctor may administer[3].

Bloch and Crouch[4] studied therapeutic factors in group psychotherapy in general. The group therapeutic factors are elements the acting of which is demonstrated by improving of the patients' clinical status, disappearance of symptoms or aimed change of behavior, i.e., personal development. The importance of a particular group factor is relative because it depends on the type of group, group goal, size, composition, duration and developmental stage[4]. Group psychotherapeutic experience shows that some patients profit from one group of factors, others from another. It is impossible to create an absolute hierarchy of the group therapeutic factors. The situation is made more complicated by the fact that all these factors are inter-dependable: they neither appear nor act independently[2]. The classification and categorization of group therapeutic factors is arbitrary. It should always be kept in mind that it is made mostly for didactic purposes and that many of the factors act simultaneously and mutually. Bloch and Crouch[4] have put into relation the length of the patient's stay in the group and his/her experience of the group, and the fact that those who spent more time in the group identified cohesiveness, self-understanding and interpersonal learning as the most important features. Outpatients pointed out self-understanding as the most important therapeutic factor, whereas inpatients indicated cohesiveness. MacKenzie's Group Climate Questionnaire[5] and Marziali's Group Atmosphere Scale[6] through group 'climate' and 'atmosphere' are also measuring therapeutic factors of the group. Group therapeutic factors have been studied in group psychotherapy in general, but not in group analysis. Group analysis is a special type of group psychotherapy, where the »liber-

ation« of creative forces in the individual, the »liquidation« of old fixations in the development by laying bare disturbing conflicts, bring them to awareness and resolution. The basic transformation from group psychotherapy towards group analysis is made through the following: a) verbal communication is changed into »group-association«, which implies that discussion in the group is not the discussion in the ordinary sense of the word but something known as »free-floating discussion«. It is the group-analytic equivalent of »free association« in psychoanalysis. b) The material produced in the group and the actions and interactions of its members are analyzed; they are voiced, interpreted and studied by the group. c) The subject matter of the discussion is treated with regard to its unconscious content, its latent meaning, according to the psychoanalytic principles. And finally, the group therapist is not the leader, but the conductor of the group.

In this study, the patients' ranking of group therapeutic factors in group analysis were assessed. The research aimed to analyze: 1) which therapeutic factors were the most important for patients in the group analysis; and 2) whether patients' characteristics (age, sex, education, and previous therapeutic experience) and the phase of the group process affected the evaluation of the therapeutic factors.

Patients and Method

The subjects of this research were outpatients treated psychotherapeutically in small analytic groups. According to group analytic principles groups are composed with respect to suitability of patients to this kind of therapy. Criteria for the selection in group analysis must be respected in order to assure group process. That means that group analysts must investigate panoply of patients' personality characteristics before the patients enter the group[2]. Group analysis includes neurotics and personality disorders (borderline, narcissistic) and excludes patients with brain damage, paranoid, hypochondriacally, acutely psychotic, drugs and alcohol addicts, sociopath and patients with lower IQ. In preparation for group analysis, the inclusion criteria are patient's high motivation for the therapy and his/her psychological mindedness, whereas patients with poor motivation, psychologically illiterate and those with high somatization and denial are excluded. There are about 50 small analytic groups in Croatia conducted by qualified group analysts. In the city of Split there are 11 of these groups, and they were included in this research. They had the total of 66 patients. The authors of this paper were also conductors -group therapists of the groups (the authors have completed the »Diploma Course in Group Analysis« as a training of the Institute of Group Analysis – London). From 66 patients 49 were neurotics, 9 were borderline and 8 were narcissistic. There were 47 women and 19 men. The patients' average age was 35.2±4.4 years (range 24 to 48 years); 13 of them were younger (≤30) and 53 were older. By education, there were 31 patients with high school and 35 with university education. The patients had individual or group therapeutic experience before the commencement of therapy in these groups. Previous individual therapies had lasted 12.5±6.7 months on average (range 1 month to 4 years), whereas group therapies had lasted 22.4± 16.4 months on average (range 6 months to 7 years). At the time of research, patients were in their groups from 2 months to 8 years, or 24.5±10.6 months on average.

The group process was observed through the following three phases[2]: the dependency phase (up to 1 year), the conflict phase (1 to 3 years), and the mature

group phase (over 3 years). Broadly, a group goes through an initial stage of orientation, characterized by a search for structure and goals, by much dependency on the conductor, and by concern about group boundaries. It is the first phase-dependency. In the dependency phase were 26 patients. Next, a group encounters a stage of conflict, as it deals with issues of interpersonal dominance (the second phase – conflict). In the conflict phase were 21 patients. Thereafter, the group becomes increasingly concerned with intermember harmony and affection, while intermember differences are often submerged in the service of group cohesiveness (the third phase – mature). In the mature group phase were 19 patients (Table 1).

TABLE 1
DESCRIPTION OF PATIENTS

		N
Age (years)	≥30	13
	≤30	53
Sex	Women	47
	Men	19
Education	High school	31
	University	35
Previous psychotherapy	Individual	50
	Group	16
Phase of group process	Dependency	26
	Conflict	21
	Mature	19

Assesment of Yalom's group therapeutic factors

The Yalom's group therapeutic factors questionnaire was used. The questionnaire was used for the first time in 1968, in a study conducted by Yalom, Tinkelberg and Gilula on group-therapy curative factors[2], (also available at www.yalom.com). We transformed the questionnaire into a Likert five-degree assessment scale. The questionnaire assesses 12 therapeutic factors, each with 5 items (statements), so that it consists of 60 items. Each item is self-evaluated by a patient on a scale from 1 to 5: 1 = experience totally unimportant, 2 = experience unimportant, 3 = experience neither important nor unimportant, 4 = experience important, 5 = experience very important. Therefore, the minimum score for each therapeutic factor was 5 and the maximum 25. While answering the questionnaire, the patients were unaware of their task to assess therapeutic factors.

Statistics

The analysis of the data included: 1) observation of each therapeutic factor's average score and its ranking by their importance to the patients, and 2) statistical significance of differences between the arithmetic means (t values) of all therapeutic factors in relation to: age, sex, education, previous therapeutic experience, and the phase of group process.

Results

In the group analytic psychotherapy, the patients found self-understanding to be the most important factor, awarding it the highest average score of 21.32±0.04, and identification to be the least important, awarding it the lowest average score of 15.88±0.06.

Self-understanding was closely followed by family re-enactment, instillation of hope, group cohesiveness, existential factors, interpersonal learning-input, universality and catharsis (Table 2). These factors were found to be important. The factors valued as »neither important nor unimportant« were: altruism, interpersonal learning-output, guidance and identification. Differences of therapeutic factors were related to patients' age, sex, education and previous psychotherapeu-

TABLE 2
RANKINGS OF THE THERAPEUTIC FACTORS (ACCORDING TO THE AVERAGE SCORES) WITH THE MOST VALUED ITEMS

Rank	Therapeutic factors	Score (X ± SD)	The most valued item (average mark)
1	Self-understanding	21.32 ± 0.04	Learning that how I feel and behave today is related to my childhood and development. (4.26)
2	Family re-enactment	20.97 ± 0.02	Being in the group somehow helped me to understand old hangs-ups that I had in the past with my parents, brothers, sisters… (4.19)
3	Instillation of hope	20.65 ± 0.04	Seeing that others group members improved encouraged me. (4.13)
4	Group cohesiveness	20.61 ± 0.06	Belonging to and being accepted by a group. (4.12)
5	Existential factors	20.56 ± 0.02	Learning that I must take ultimate responsibility for the way I live my life…. (4.11)
6	Interpersonal learning-input	20.52 ± 0.07	Group members pointing out some of my habits or mannerisms that annoy other people. (4.10)
7	Universality	20.45 ± 0.07	»We're all in the same boat.« (4.09)
8	Catharsis	20.13 ± 0.18	Learning how to express my feelings. (4.02)
9	Altruism	18.39 ± 0.08	Giving part of myself to others. (3.68)
10	Interpersonal learning-output	18.36 ± 0.11	Improving my skills in getting along with people. (3.67)
11	Guidance	16.98 ± 0.07	The doctor's suggesting or advising something for me to do. (3.40)
12	Identification	15.88 ± 0.06	Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same. (3.18)

tic experience (Table 3). We found statistically significant differences for all factors related to the patients' age: younger patients scored higher all therapeutic factors except altruism, which is scored higher by older patients. Men and women differed in all factors except family re-enactment, instillation of hope, and existential factors. Women scored higher on all factors except family re-enactment, which was scored higher by men. There were no statistically significant differences in the evaluation (scoring) of interpersonal learning–input and output, catharsis and existential factors by education. High -school educated patients scored higher all factors except self-understanding, which was scored higher by university -educated patients. There was also a statistically significant difference over factors related to previous psychotherapeutic experience except group cohesiveness, which was scored higher by patients with previous group experience. Patients with individual psychotherapeutic experience scored higher all other factors (Table 4).

Related to the phase of group process, the patients in the first phase (dependency-up to l year in the group) valued more the identification and existential

TABLE 3
THERAPEUTIC FACTORS (AVERAGE SCORES) RELATED TO CHARACTERISTICS OF PATIENTS

Therapeutic factors	Age		Sex		Education		Previous therapy	
	>30y	<30y	F	M	High	Univers.	Individual	Group
Altruism	18.07	18.47	18.91	17.10	18.48	18.31	18.60	17.75
Group cohesiveness	21.53	20.37	21.25	19.21	21.19	20.13	20.58	20.68
Universality	20.69	20.39	20.76	19.68	21.13	19.88	21.14	18.31
Interpersonal learning-input	20.84	20.43	20.91	19.52	20.48	20.54	21.44	17.62
Interpersonal learning-output	19.00	18.20	18.76	17.36	18.32	18.40	18.52	17.87
Guidance	18.61	16.58	17.04	16.84	17.22	16.77	17.46	15.50
Catharsis	20.76	19.96	20.57	19.00	20.13	20.14	20.26	19.68
Identification	17.53	15.47	16.00	15.57	16.16	15.62	16.13	15.25
Family re-enactment	22.23	20.66	20.93	21.05	21.51	20.48	21.22	20.18
Self-understanding	22.15	21.11	21.70	20.36	20.48	22.00	21.70	20.13
Instillation of hope	22.38	20.22	21.12	19.47	20.90	20.42	21.24	18.81
Existential factors	21.30	20.37	20.57	20.52	20.41	20.68	21.24	18.43
Number of patients	13	53	47	19	31	35	50	16

TABLE 4
THERAPEUTIC FACTORS RELATED TO CHARACTERISTICS OF PATIENTS (T VALUES)

Therapeutic factors	Age		Sex		Education		Prev. therapy		X	SD
	>30y	<30y	F	M	High	Univers.	Indiv.	Group		
Altruism	0.39*		1.81*		0.17**		0.85*		18.39	0.08
Group cohesiveness	1.16*		2.04*		1.11*		1.43*		20.61	0.06
Universality	0.29*		1.08*		1.22*		0.11**		20.45	0.07
Interpersonal learning-input	0.42*		1.38*		0.06		3.82*		20.52	0.07
Interpersonal learning-output	0.79*		1.39*		0.08		1.96*		18.36	0.11
Guidance	2.03*		0.20**		0.45**		1.96*		16.98	0.07
Catharsis	0.81*		1.57*		0.04		0.57*		20.13	0.18
Identification	2.07*		0.42*		0.53*		0.83*		15.88	0.06
Family re-enactment	1.57*		0.11		1.04*		1.03*		20.97	0.02
Self-understanding	1.04*		1.33*		1.58*		1.58*		21.32	0.04
Instillation of hope	2.15*		0.04		0.47**		2.43*		20.65	0.04
Existential factors	0.93*		0.04		0.26		2.80*		20.56	0.02
Number of patients	13	53	47	19	31	35	50	16	66	

* $p \leq 0.01$; ** $p \leq 0.05$

factors than patients in other phases of the group process. In the second phase (conflict – 1 to 3 years in the group), as many as 6 factors were valued more than in other phases: altruism, interpersonal learning – input and output, catharsis, family re-enactment, self-understanding. In the third phase (mature-over 3 years in the group), 3 factors were valued more than in the first two phases: group cohesiveness, universality and instillation of hope (Table 5).

TABLE 5
THERAPEUTIC FACTORS (AVERAGE SCORES) RELATED TO PHASES OF GROUP PROCESS

Therapeutic factors	Dependency (N=26)	Conflict (N=21)	Mature (N=19)
Altruism	18.42	18.47	18.26
Group cohesiveness	20.00	20.61	21.36
Universality	19.92	20.38	21.26
Interpersonal learning-input	20.61	20.80	20.00
Interpersonal learning-output	18.19	18.80	18.13
Guidance	17.42	17.38	15.73
Catharsis	19.65	20.52	20.31
Identification	15.96	15.76	15.89
Family re-enactment	20.61	21.57	20.78
Self-understanding	21.23	21.80	20.89
Instillation of hope	20.61	20.19	21.21
Existential factors	20.96	20.42	20.15

TABLE 6
THERAPEUTIC FACTORS RELATED TO PHASES OF GROUP PROCESS (T VALUES)

Therapeutic factors	>1 year	1–3 year	<3 year	X	SD
Altruism	0.06	0.22**	0.16**	18.39	0.08
Group cohesiveness	0.58*	0.75*	1.33*	20.61	0.06
Universality	0.46*	0.88*	1.34*	20.45	0.07
Interpersonal learning-input	0.20	0.76*	0.56*	20.52	0.07
Interpersonal learning-output	0.62*	0.71*	0.09	18.36	0.11
Guidance	0.15	1.83*	1.68*	16.98	0.07
Catharsis	0.87*	0.21	0.66*	20.13	0.18
Identification	0.20*	0.13*	0.07*	15.88	0.06
Family re-enactment	0.96*	0.78*	0.18	20.97	0.02
Self-understanding	0.58*	0.92*	0.34**	21.32	0.04
Instillation of hope	0.42*	0.02	0.60*	20.65	0.04
Existential factors	0.53*	0.27	0.80*	20.56	0.02
Number of patients	26	21	19	66	

* $p \leq 0.01$; ** $p \leq 0.05$

The most evident and statistically significant differences between group phases were altruism between the second and third phase, and about group cohesiveness and universality between the first and the third phase. Interpersonal learning (input and output) was statistically significant differences between the second and the third phases. The same applied for guidance. Differences between the first and the second phase were the greatest for catharsis, identification and family re-enactment. Self-understanding showed the most significant differences between the second and the third phase, whereas the differences about instillation of hope and existential factors were the greatest between the first and the third phase (Table 6).

Discussion

Our research demonstrated that the group therapeutic factor scored highest by the patients was self-understanding. Self-understanding is the »heart« of the therapeutic process since it has the meaning of insight. According to Rycroft[7], insight in psychoanalysis is the ability to understand one's own motives, become aware of one's own psycho-dynamics, and respect the meaning of symbolic behavior. Hence, analysts make a distinction between intellectual insight (understanding one's own psychopathology and dynamics) and emotional insight (ability to feel and understand the meaning of the unconscious). In the group context, insight includes the process of learning and acquiring knowledge, which means awareness of the quality of interpersonal relations as well. Therefore, Yalom[2] closely connects self – understanding (in the sense of insight) with interpersonal learning, pointing out that a group member (patient) may achieve four levels of insight. At the first stage, the therapist and other group members show the patient how they see him/her (interpersonal insight). At the next stage, the patient begins understanding what he/she does to others or with others. The third stage is »motivational insight«, where the patients examine why they behave the way they do. The final stage is »psychogenetic insight«, where the patient understands why this comes to pass. In this way group analysis consumes less time by analyzing the early mother-child relation then in individual psychotherapy, since this early relation can be seen in the patient's current interactions in the »here and now« situation of the group session.

We found identification at the bottom of the patients' ranking, similar to the twelfth position of the Yalom's ranking list[2]. Since identification implies imitative behavior (forming oneself according to other group-members' and therapist's aspects), it is obvious that conscious imitation is unpopular since it means giving up one's own individuality. Here certainly fits the Foulkes' thesis that the group, although functioning as a whole and as one organism, still does not stimulate the individual resigning his or her identity[8].

We would like to point out the most appreciated questionnaire items (Table 2), revealed that the patients held as most important: learning that how they behave today is related to their childhood and development; understanding that being in the group helped them to understand relations with their parents, siblings and other important persons; seeing that the therapy helped others; the experience of belonging to and acceptance by the group; accepting responsibilities for themselves regardless of support from others; attention to some of their habits and mannerisms that annoy others; experience that they are not alone, that there are others experiencing the same problem and that it is important for them to learn to express themselves.

We also investigated whether the patient's characteristics (age, sex, education and previous therapeutic experience) influenced evaluation of the group therapeutic factors (Table 3). Our data show that group therapeutic factors were generally valued more by younger patients (up to 30 years of age), women, high school educated, and with previous individual psychotherapeutic experience. Older patients (above 31) valued more altruism and men valued more family re-enactment. Self-understanding was valued more by more educated patients (those with university education). Group cohesiveness was valued more by patients with previous group experience (Table 4). In relation to the group phases, we found that most factors were valued the most in the middle, the conflict phase (Table 5). After the initial, dependency phase, where patients were mostly absorbed by identification and existential factors, important factors in the conflict phase were self-understanding, family re-enactment, interpersonal learning – input and output, catharsis and altruism. In that phase of the group process members, interacting and ventilating more, made corrective recapitulation of the primary family experience and insight. In the mature group phase (so called »cohesive phase«), the most important factors were group cohesiveness, universality and instillation of hope (Table 6). Positive experience during group therapy makes members care about the group and foster cohesion. Cohesiveness itself is also the most helpful factor in more regressive groups, such as in psychoses[9].

Our research showed that great care has to be paid to patients' characteristics and psychotherapeutic preparation before joining the group-it will assure better group composition. The therapeutic efficiency of group analysis will be greater in a carefully composed group. Our study was also an unpretending trial to overcome discrepancies between practice and scientific research in the field of psychoanalytic therapies and group analysis. The heated debate in the field is whether it is possible to study subtle or unconscious processes in psychoanalysis or complex interpersonal processes in analytic therapy groups by quantitative investigation. We agree with Tschuschke[10], who insists on research saying that psychoanalysis, as a profession has to face existential challenges today, be it for economical or moral arguments. Medical service has to be scientifically grounded and questioned continuously in order to improve its understanding of patient' problems, treatment effects and techniques.

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PROCJENA TERAPIJSKIH FAKTORA U GRUPNOJ ANALIZI OD STRANE PACIJENATA

S A Ž E T A K

Cilj istraživanja je procijeniti koji su najvažniji terapijski faktori u grupno analitičkoj psihoterapiji i utječu li pacijentove osobine i faza grupnog procesa na evaluaciju terapijskih faktora. Yalomov upitnik terapijskih faktora grupe ispunilo je 66 pacijenata, članova malih grupa koje su vođene po principima grupne analize. Prema prosječnoj ocjeni svaki je terapijski faktor rangiran po svojoj važnosti za pacijente i doveden u vezu s dobi, spolom, stupnjem obrazovanja i prethodnim psihoterapijskim iskustvom pacijenata te s fazom grupnog procesa. Razumijevanje sebe (uvid) ocijenjen je najvećim ocjenama (prosječna ocjena 21.32±0.04 od maksimalno 25), dok je identifikacija postigla najniži rezultat (15.88±0.06 u prosjeku). Terapijske faktore grupe više su vrednovale žene, pacijenti u dobi do 30 godina, pacijenti srednjoškolskog obrazovanja te oni s prethodnim psihoterapijskim iskustvom. Razumijevanje sebe pokazalo se kao najvažniji terapijski faktor u grupnoj analizi. Time je naglašena važnost dobre selekcije pacijenata za grupnu analizu s ciljem da se što bolje iskoriste terapijski faktori grupe.