

Wayne State University
DigitalCommons@WayneState

Theoretical and Behavioral Foundations of
Education Faculty Publications

Theoretical and Behavioral Foundations

2-1-1993

Yalom Curative Factors and Group Member Involvement: Threats to Internal Validity

Shlomo S. Sawilowsky

Wayne State University, shlomo@wayne.edu

Recommended Citation

Sullivan, P., Sawilowsky, S. S., Lewis, C. M., Eng, A. M. (1993, February). *Yalom Curative Factors and Group Member Involvement: Threats to Internal Validity*. American Group Psychotherapy Association.

Available at: http://digitalcommons.wayne.edu/coe_tbf/28

This Article is brought to you for free and open access by the Theoretical and Behavioral Foundations at DigitalCommons@WayneState. It has been accepted for inclusion in Theoretical and Behavioral Foundations of Education Faculty Publications by an authorized administrator of DigitalCommons@WayneState.

Yalom Curative Factors and Group Member Involvement: Threats to Internal Validity

P. Sullivan, S. S. Sawilowsky, C. M. Lewis, and A. M. Eng

Paper presented at the American Group Psychotherapy Association, February 19, 1993

Effective group performance is likely to be influenced by how members perceive and value their own behavior and the behavior of other group members. It is this assumption that has fueled the body of literature related to curative factors in group psychotherapy. For example, Rugel and Meyer (1984) found that group members who were rated by their peers as the most involved participants seemed to benefit from the experience in different ways from those members who were rated as less involved participants. The more involved participants valued catharsis, new behavior (output), and cohesion in the group experience. The less involved participants valued self-understanding and universality. These concepts were measured with a modified version of the long form of *Yalom's Curative Factors Scale* (1975).

This finding coincides with established teaching and clinical experiences and suggests there may be two major modes in which people learn during small group interactions. One mode is characterized by a relatively high level of interpersonal interaction; the other is characterized by a relatively high level of reflection and generalization. Both forms of learning are valuable and are elements in the learning process of these subgroups, although perhaps in different proportions.

The current study is an application of Rugel and Meyer's findings on the relationship between participants' involvement in small groups (as perceived by fellow members) and their own perceptions of the dimensions of the group process which contributed most to their learning. Two kinds of American Group Psychotherapy Association Institute groups were studied: Psychodynamic Group Process (PGP) and Special Interest Groups (SIG).

Method

The American Group Psychotherapy Association conducts a two-day Institute for professionals prior to its annual conference. Experienced leaders conduct two kinds of small groups: PGP, which are intended as personal and professional growth experiences, and SIG, which are intended to teach and demonstrate particular methods. Data were collected as part of a larger study of the 1986 AGPA Institute groups.

Rugel and Meyer (1984) studied five undergraduate classes which were run as Tavistock groups, meeting weekly for twelve to eighteen weeks.

Participants

Demographic data for this study were taken from the AGPA registration form. There were 470 persons in the 1986 Institute participating in 40 groups. Forty-nine persons were formally designated leaders. Only participants, not designated leaders, were included in this study. There were 254 females and 167 males. A wide range of professional degrees and certifications were represented: 121 MSW's and LCSW's, 72 M.D.'s, 105 Ph.D.'s, 49 reported no degree, and small frequencies (25 total) of many other credentials. In terms of professional experience, 96 reported 0-3 years; 81, 4-8 years; 206, 9+ years; and 81 omitted their years of professional experience. The estimated median age of participants was 40 years. The Institute groups met for 12 hours in four sessions over a two-day period.

Rugel and Meyer's (1984) groups were composed of 42 females and 10 males enrolled in an undergraduate college course. The minimum and maximum age was reported to be 20 and 61, with a median of 26 years. Two of the five groups met weekly for 12 sessions; the other three groups met weekly for 18 sessions.

Procedures and Instruments

A short form of the *Yalom Curative Factors Scale*, called *How Groups Work* (Lieberman, Yalom & Miles, 1973), was administered to participants at the end of the second day of the Institute. A second measure, the *Avoid Involvement Question* (Rugel & Meyer, 1984), was

administered at the end of the morning session on the second day of the Institute after the groups had met for nine hours.

Yalom's *How Groups Work* asks participants to rate the importance of certain aspects of the group experience. In cooperation with the Institute of AGPA, two items (2 and 6) were added to Yalom's items in order to give the participants an opportunity to comment more directly on professional learning experiences. Two items were deleted to ensure the test time would remain within the guidelines of the Committee. The two items added were: "Gained new ideas and/or methods that will enhance my delivery of professional services" (Item 2) and "Gained insights into my professional role, relationships and responsibilities" (Item 6). The two items deleted from the test were related to family re-enactment and to altruism. Although this study was not a replication of Rugel and Meyer's (1984) study, an effort was made to maintain comparability whenever possible. Altruism was not included as an item in Rugel and Meyer's study, and family re-enactment was one of the two lowest-ranked items. (The two items added for this study proved not to be significant in distinguishing among the two groups, although Professional Skill Development was one of the highest rated.)

The second measure, the *Avoid Involvement Question*, instructed participants to "Rate each person with respect to his/her tendency to avoid involvement in the group." Group members rated each other using a 10-point scale; one point indicating the group member did not tend to avoid involvement and 10 points indicating the member avoided involvement to a high degree.

Analysis

1. A mean rating was calculated for each participant on the *Avoid Involvement Question*. A cutoff score was identified creating approximately equal subgroups: Least Avoiding Involvement, n=196; Most Avoiding Involvement, n=222 (for purposes of ease in communication these groups will be referred to as High Involvement and Low Involvement, respectively, in the rest of the paper).

2. Mean ratings for each item of the *How Groups Work* instrument were calculated for each of the involvement subgroups and for the data set as a whole. The items were then rank-ordered for each subgroup and for the entire data set.

3. Mean ratings for each item were also calculated for the two involvement subgroups for each of the types of AGPA institutes: Psychodynamic Process Groups (PGP) and Special Interest Groups (SIG).

4. A MANOVA (Hotellings T^2) test was performed comparing the High and Low Involved participants in the total AGPA population; and comparing the PGP and SIG groups. Then, independent sample t tests were conducted comparing the various sub-sets on each item in *How Groups Work* (referred to in the rest of the paper as Yalom’s Curative Factors). (Note that no family-wise correction, such as Bonferonni, was used on these multiple t tests in order to present comparative data and to be consistent with Rugel and Meyer, 1984.)

Results

Rankings

A comparison of Yalom Curative Factors rankings, which are ordered in terms of their importance to the total sample in the AGPA Institute group and in the Rugel and Meyer study (1984), are presented in Table 1 below.

Table 1. *Rankings Of Yalom Curative Factors*

<u>Yalom Item</u>	<u>Item</u>	<u>Rugel & Meyer All Groups</u>	<u>AGPA All Groups</u>
Prof. Skill Development	2		1
Catharsis	4	4	2
Involvement			
/Closeness	3		3
Role Insight	6		4
Feedback	7	2	5
Cohesiveness	15	6	6
Identification	5	10	7
		4	

Universality	8	8	8
Existentiality	11	7	9
Insight	9		10
Self-Understanding ¹	16	3	11
Self-Understanding	14		12
Self-Disclosure			
/Acceptance	13		13
New Behavior	12	1	14
Guidance	1		15
Instillation			
of Hope	10		16
Family			
Reenactment.	17	9	
Process			
Awareness	18	5	

¹ Item 16 = 9 + 14.

The top three items in these rankings are Professional Skill Development (2), Catharsis (4) and Involvement/Closeness (3). In the Rugel and Meyer study, the top three items are New Behavior (Output, 12), Feedback (Input, 5) and Self Understanding (11). As depicted in this table, there is little similarity in the rankings of Yalom Curative Factors between AGPA and the Rugel and Meyer study. A rank order correlation comparing AGPA and Rugel and Meyer studies on the comparable items was $\rho = -.62$ ($p = .05$).

Comparison of subgroups

Tests were conducted on underlying assumptions of the MANOVA. Cochran's test of homoscedasticity was not significant ($p > .05$) for any of the Yalom scores. Box's M, a multivariate test of sphericity, was not significant ($p > .05$) for the two AGPA subgroups, High vs. Low Involved members; and PGP vs. SIG.

The MANOVA was significant for each of the two subgroup comparisons that were made: High vs. Low involvement ($F = 3.34$, $df = 7,368$, $p < .01$); and PGP vs. SIG ($F = 5.21$, $df = 7,367$, $p < .01$). Hotellings T^2 tests were significant ($p < .01$).

Compiled in Table 2 are the Yalom Curative Factor items in both studies which significantly differentiated the High Involved from the Low Involved participants. The subgroups were compared by a t test for each item.

Table 2. *Yalom Curative Factors Differentiating High And Low Involved Participants*

Item	Factor	Rugel & Meyer ¹					AGPA ²				
		<u>All Groups</u>		<u>All Groups</u>		p	<u>All Groups</u>		<u>All Groups</u>		p
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			<u>M</u>	<u>SD</u>	<u>M</u>	
4	Cathar- sis	11.6	2.7	14.8	3.7	.01	2.9	.8	2.5	.9	.00
16	Self- Under.	13.9	3.6	11.2	3.9	.01					
17	Family Reenact- ment	20.0	3.6	16.7	4.2	.01					
8	Univers- ality	19.1	2.8	14.3	4.1	.01	2.4	.85	2.2	.8	.08
3	Involvement close- ness						2.8	.8	2.6	.9	.01
15	Cohesive- ness ³	14.1	3.3	15.9	3.2	.05	2.5	.7	2.3	.7	.01
7	Feedback (Input)						2.5	1.0	2.3	1.0	.01
12	New Behavior (Output)	11.2	2.4	12.6	2.8	.05					

¹ Lower means = higher ratings. ² Higher means = higher ratings. ³ Item 15 = 3 + 13.

Note: Data taken from Rugel & Meyer (1984, p. 369, Table 3). HI = High Involvement. LI = Low Involvement.

There were three items on which the subgroups in the AGPA study differed significantly: Catharsis (Item 4), Involvement (Item 3) and Cohesion (Item 15, composed of Items 3 and 13), with the High Involved member having rated these items higher.

In the Rugel and Meyer (1984) study, the two groups differed significantly on: Catharsis (Item 4); Self-Understanding (Item 16, composed of Items 9 and 14); Cohesion (Item 15, composed of Items 3 and 13); Universality (Item 8); Family Re-enactment (17, not in current study) and New Behavior (Output, 12). In these groups, Catharsis (4), New Behavior (12), and Cohesiveness (15) were rated higher by the High Involved members. Self-Understanding (16), Family Re-enactment (17) and Universality (8) were rated higher by the Low Involved members.

Catharsis and Cohesion differentiate the involvement subgroups in both studies. In both studies High Involved participants rate these items higher than Low Involved participants. Also, in the AGPA Institute study, Universality ($p > .05$) was not rated differentially by the High and Low Involved participants, but was a differentiating item in the Rugel and Meyer study.

A further analysis, compiled in Table 3, shows the items which differentiate the High and Low Involved participants in each PGP and SIG subgroup. Catharsis (4) was the only item that differentiated High and Low Involved member in both PGP and SIG subgroups. The High Involved members rated Catharsis (4) higher in both cases. In the PGP subgroup Feedback (7) also differentiated High and Low Involved subjects. In the SIG subgroup Involvement/Closeness (3) and Cohesiveness (15) differentiated High and Low Involved members. The High Involved members rated all these items higher.

Discussion

Bloch & Crouch (1985), following extensive review of the literature on therapeutic factors, found very little similarity in ranking of factors between studies. This applies to the results of the current study, in comparison with the study conducted by Rugel and Meyer (1984).

Table 3. *Yalom Curative Factors Differentiating High and Low Involved Participants For American Group Psychotherapy Association Psychodynamic Group Process (PGP) And Special Interest Subgroups (SIG)*

Item	Factor	HI		PGP LI		p	SIG		LI		p
		M	SD	M	SD		M	SD	M	SD	
4	Cathar- sis	2.9	.6	2.7	.9	.04	2.9	.7	2.4	.9	.00
3	Involvement (Close- ness)						2.8	.8	2.4	.8	.00
15	Cohesive- ness ¹						2.5	.7	2.2	.7	.01
7	Feedback (Input)	3.0	.9	2.5	1.0	.00					

¹Item 15 = 3 + 13. Note: HI = High Involvement. LI = Low Involvement.

In their study of classroom Tavistock group sessions, Rugel and Meyer (1984) noted that Catharsis and Cohesion, among other factors, are valued by high-involved group members. Low-involved members of the group placed greater value on different Yalom factors (i. e., Universality, Self-Understanding, Family Re-enactment). They concluded that the value placed on various conditions for change in the group process is contingent on the involvement of its members. Involvement was measured as part of a different instrument in their study and was based on group members' perceptions of each participant. They concluded that a "primary task of the group therapist is to encourage active/extroverted participants to reflect on the meaning of their actions within the group and to encourage inactive/introverted participants to spend less time in self-reflections and more time in active group involvement" (p. 374).

Moreover, their findings appear to coincide with some commonly held teaching and clinical experiences, where it is noted that there are two major modes in which individuals learn

during small group interactions. One mode is characterized by a relatively high level of interpersonal interaction; the other is characterized by a relatively high level of reflection and generalization. Both forms of learning are valuable and are probably elements of the learning process of both groups, although perhaps in different proportions.

In contradistinction to the Rugel and Meyer study, however, in the current study it was found that low-involved individuals uniformly placed less value on all Yalom factors than the high-involved individuals. Most surprising, there were no Yalom factors, such as Universality or Self-Understanding (as found in the Rugel & Meyer study), that were more highly valued by the low-involved members. How shall the differences between the two studies be reconciled?

It might be suggested that the populations in the two studies simply were dissimilar to the extent that the results of the former study were not generalizable to the latter study. Another possibility might be in the differences between Tavistock groups vs. Psychodynamic Group Process and Special Interests groups. The addition of two items and deletion of two items between the two studies may also have had an effect on the outcome in ways not immediately apparent (particularly as the current study found one of the added items, Professional Learning, to be among the highest ranked.)

There remains, however, an important methodological difference between the two studies. Indeed, despite an increasing volume of empirical research being published, Bloch and Crouch (1985) noted that strategies used to study therapeutic factors in group psychotherapy suffer due to “the absence of any good replications” (p. 222). A cursory glance of recent studies on Yalom curative factors indicates a wide variety of strategies are being used to collect data from participants. For example, Rugel and Barry (1990) used a forced ranking similar to Rugel and Meyer (1984); MacDevitt and Sanislow (1987) used a four point likert scale; Fuhriman, Drescher, Hanson, Henrie, and Rybicki (1986), and Kapur, Miller, and Mitchell (1988) used a five point likert scale; Bonney, Randall, and Cleveland (1986), Poulsen (1991) , and Wheeler, O’Malley, Waldo, Murphey, and Blank (1992) used a Q-sort such as that used by Yalom (1975);

Rohrbaugh and Bartels (1975) used a modified Q-sort which required some forced choice; and Kivligham and Mullison (1988) used an open-ended Questionnaire.

Specifically, in the Rugel and Meyer (1984) study, five items were written (or collected from the literature) for each of ten Yalom curative factors. A 50-item questionnaire was constructed by placing the various items in no particular order. Each participant was called on to rank the items on a five-point scale, where 1 was most important and 5 was least important, based on how they valued it in the group. Rugel (personal communications, 1992, 1993) explained that the participants were required to rank ten items as 1, ten items as 2, and so forth. Thus, the participants did not have the option of ranking more or less than ten items as being highly valued (1), or more or less than ten items as being low valued (5).

To illustrate, consider the factor “Awareness of Group Process.” Two of the five items in the Questionnaire on this factor were:

- a) “Being more aware of my need to expect or seek guidance.”
- b) “Becoming more aware of my desire for support and affection from group members.”

Suppose, for example, that the first item appeared early in the Questionnaire, while the second item appeared later in the Questionnaire, and the participant placed a high value on Awareness. The group member could rate the first item with a 1. However, once ten items have been rated 1, this ranking could not be used again. By the time the respondent got to the second Awareness item, the highest remaining rank might only be a 2 or a 3. Similarly, even if the respondent did not place a high value on any of the factors, he or she would nevertheless be required to assign 1 to at least ten items on the Questionnaire. This methodology forces the individual to assign levels of importance to items representing Yalom curative factors that may not be reflective of the degree to which the individual actually values the item.

In the current study, however, we took a different approach that was more similar to Fuhrman et al. (1986), Kapur et al. (1988), and MacDevitt and Sanislow (1987). One item was used to reflect each of the Yalom curative factors. The participants were asked to rate the

importance of the items on a three-point scale, where 1 was less important and 3 was more important. We do not believe that there is a significant difference introduced between a five vs three point scale. This method permits the participants to have the choice of demonstrating the relative value of each item relating to the Yalom factors. Thus, it was possible for certain factors to emerge as being highly valued, while others not valued at all.

The difference in this aspect of the methodology seems to be the most plausible explanation of the differences in the findings of the two studies. The methodology employed by Rugel and Meyer artificially inflates or deflates the value of all factors. The outcome of their study may be as easily explained by their ranking system as it is by concluding that high-involved members value catharsis and cohesion, while low-involved members value Universality, Self-Understanding, and Family Re-enactment.

This discussion helps to understand the difficulties in applying Yalom curative factor research, as noted above by Bloch and Crouch (1985). It would appear, therefore, that empirical studies are necessary to show how these different methods affect the participants' valuing of the various Yalom curative factors.

References

Bloch, S., & Crouch, E. (1985). *Therapeutic factors in group psychotherapy*. Oxford: Oxford University Press.

Bonney, W. C., Randall, D. A., & Cleveland, J. D. (1986). An analysis of client-perceived curative factors in a therapy group of former incest victims. *Small Group Behavior, 17*, 303-321.

Fuhriman, A., Drescher, S., Hanson, E., Henrie, R., and Rybicki, W. (1986). Refining the measurement of curativeness: An empirical approach. *Small Group Behavior, 17*, 186-201.

Kapur, R., Miller, K., & Mitchell, G. (1988). Therapeutic factors within in-patient and outpatient psychotherapy groups: Implications for therapeutic techniques. *British Journal of Psychiatry, 152*, 229-233.

Kivligham, D. M., Jr., & Mullison D. (1988). Participants' perception of therapeutic factors in group counseling: The role of interpersonal style and stage of group development. *Small Group Behavior, 19*, 452-468.

Lieberman, M., Yalom, I., & Miles, M. (1973). *Encounter groups: First facts*. New York, NY: Basic Books.

MacDevitt, J. W., and Sanislow, C. III. (1987). Curative factors in offenders' groups. *Small Group Behavior, 18*, 72-81.

Poulsen, A. (1991). Psychodynamic, time-limited group therapy in rheumatic disease - a controlled study with special reference to alexithymia. *Psychotherapy and Psychosomatics*.

Rohrbaugh, M., & Bartels, B. D. (1975). Participants' perceptions of "curative factors" in therapy and growth groups. *Small Group Behavior, 6*, 430-456.

Rugel, R. P., & Barry, D. (1990). Overcoming denial through the group: A test of acceptance theory. *Small Group Research, 21*, 45-58.

Rugel, R., Meyer, D. J. (1984). The Tavistock group: Empirical findings and implications for group therapy. *Small Group Behavior, 15*, 361-374.

Wheeler, I., O'Malley, K., Waldo, M., Murphey, J., & Blank, C. (1992). Participants' perception of therapeutic factors in groups for incest survivors. *The Journal for Specialists in Group Work, 17*, 89-95.