Coll. Antropol. **32** (2008) 3: 963–972
Original scientific paper

Empathy in Group Psychoanalytic Psychotherapy: Questionnaire Development

Slavica Pavlović and Mirela Vlastelica

Private Psychiatric Practice, Split, Croatia

A B S T R A C T

The aim of this study is to develop a questionnaire that can observe empathy in group psychoanalytic psychotherapy and examine the structure of its factors. A questionnaire comprised of 160 items in five-point Likert-type scale was developed through analysis of communication and interaction related to empathizing during group sessions. The questionnaire was applied on 256 patients from 40 therapy groups in 9 cities in Croatia. All 20 group analysts are trained in the Institute for Group Analysis in Zagreb. The patients were selected based on group analysis criteria. After item discrimination and principal component analysis limited to five factors were assessed, 80 items were isolated, 20 of which made a control scale for socially desirable responses. Two parallel questionnaire forms were developed: Group-Analysis-Empathy 1 (GA-Em1) and Group-Analysis-Empathy 2 (GA-Em2). A new, reliable and valid questionnaire for empathy observation employable in group psychotherapy was designed. The following factors were isolated by means of factor analysis: 1. Emotional disclosure and sensibility; 2. Containing and metabolizing; 3. Immersion; 4. Resonance and responsiveness; 5. Insight. A new questionnaire on empathy in group-analytical psychotherapy can measure the capacity for emotional communication among group members and between the group and the group analyst – conductor.

Key words: *Group psychotherapy, psychoanalytic psychotherapy, empathy, questionnaires*

Introduction

Empathy as an introspective method for observation provides us with information about patient's feelings and thoughts at times when they are not accessible to direct observation[1]. As an intrapsychic and interpersonal capacity and process it allows one to feel, with the help of his/her own thoughts and feelings, what other person feels. Information gathered in such a manner serves the communication and makes it possible. Empathy represents an essential precondition for psychoanalytical-psychotherapy process in which many conscious and unconscious emotions are exchanged, verbally or non-verbally, directly or indirectly[1–6]. Empathically adjusted communication involves exchange of emotions (receiving and responding), their containing and metabolization. It is followed by therapeutic intervention, interpretation and communication or an adequately worded empathic response[2], all of which leads to and allows an insight. In the process of empathizing, there is somebody who needs to be understood (patient-group member), somebody who understands (therapist-group conductor); there is content (message) that is being understood and received through sensor and cognitive channels; there is a process as means of conveying understanding (communication channel). Thus, empathy in its essence contains both affective and cognitive understanding of psychological condition of other person that has been experienced and accepted as a separate one. Through a transitional and prompt identification the therapist feels what patient feels, whereas through cognition he/she thinks about the patient and his/her behavior.

Empathy originates from the mother-child relationship and their mutual communication[6–8]. »A good enough mother« is prepared to constantly adjust her affects to her child's conditions and needs, has capacity to identify her child's inner condition and to respond to it adequatly[7]. When a child develops and gains an ability to differentiate the inner from the external, self from an object (separation-individuation phase), empathy occurs and is manifested in »I am sorry«, demonstrating that the child reached an understanding of other person's life and inner world[9]. Empathy is partly inherent[1,4,5], but can be developed and increased by psychoanalytical therapy.

Received for publication April 4, 2007

Facial expression of affects and emotions has a communicative function of special importance in psychoanalytical psychotherapeutic processes of transference, counter-transference and empathic communication. It allows a therapist to empathize with a patient, and to emotionally respond to emotional experiences of a patient[10]. Affective states in transference re-enact crucial patient's object relationships from the past. They are accompanied by patient's unconscious effort to reactivate object relationship »here and now«, if it was pleasant, or to break away from it if it was painful[3,5,11]. Empathy assists the process of working through affects in transference and brings the authentic conflicts and traumatic experiences to the surface. The therapist feels an emotional alarm that serves as an instrument to his/her observing ego. Therapist's observing ego assesses the type and the intensity of patient's emotional state, which then leads to an interpretation, i.e. a therapeutic intervention.

Group analysis is a psychotherapeutic technique theoretically founded in psychoanalysis and designated for curing adult neurotic patients[3,5,11]. A therapist-conductor and 6 to 8 patients are seated in a circle and try to establish as good communication as possible. Ninety-minute-sessions are held once to twice a week over several years. Withdrawal or reduction of symptoms and meaningful communication with others are the therapeutic goals of group analysis. They are reached through the analysis of the unconscious contents of manifest communications and interactions (free floating discussion) that are treated as free associations in psychoanalysis. Working through the unconscious meaning of communications and underlying emotions releases the instinctive drives that have been tied up in symptoms and conflicts by then.

A therapist's task is to approach each group member emotionally and emphatically and to respond to their feelings, so that each member feels understood, accepted and involved in the group[12]. On one hand, therapist's attention is focused on the content of what the patient is saying, on the other the therapist is particularly focused on emotions and affects related to that very content. The therapist works with emotions and affects directly and constantly. The therapist cognitively processes the information gathered through empathizing and includes it in his/her intervention.

Group analysis situation activates and re-enacts strong emotional reactions, affects, thoughts, fantasies, dreams, feelings, memories and related object relationships[3,5,11]. A change in neurotic and autistic communication becomes possible in emphatically well adjusted groups who have good holding, adequate care and good containing capacity[13]. »Self development through subjective interaction«[14] results in a corrective emotional experience here and now, and consequently group members learn to communicate in a more mature manner: Thus their capacity to empathize gradually increases, i.e. their ability to meet what other person feels and goes through develops, as well as their ability to show emotions in a more mature and productive way. Therefore, empathizing, with emotions of other group members becomes possible. All these processes result in an increased patient's capacity to establish meaningful communication and to adjust to persons and situations in reality in a more mature manner.

While outcome and process studies are widespread in practice in many psychotherapeutic disciplines, they are rare in psychoanalysis and psychoanalytical psychotherapies, even in group analysis. They are accompanied by many methodological dilemmas, controversy and limitations[15,16]. »One of the major difficulties facing psychodynamic psychotherapy researchers is the relative lack of developed instruments to assess both the characteristics of patients in terms of their psychodynamic difficulties and to monitor change from a psychodynamic point of view which is beyond behavior and symptom change. No study of psychotherapy process and/or outcome is better than the instrumentation that has been utilized«[17]. Thus, group analysis has yet to »digest« evidence on its efficacy[18]. Carter points out that empirical research with standardized measures that are required to examine »does it work and if so for whom?« are lacking. There are numerous satisfactory outcome questionnaires designed to observe changes in symptoms that occur because of psychotherapy, Beutler and Clarkin underline[15]. However, they remind, there are only few instruments designated for assessment of changes in interpersonal behavior patterns and hardly any instrument that can examine the character and structural changes caused by psychotherapy. Empirical evidence on changes in capacity for empathy conditioned by group-analysis therapy is insufficient. One of the reasons is a lack of adequate and analytically sensitive measuring instruments.

Having reviewed the literature and data bases posted on the Internet (Medline, PsyINFO), a similar instrument has not been found. The aim of this study is to create a new Group-Analysis-Empathy Questionnaire – »GA-Em«, which should allow observing and measuring of empathic capacity during group-analytical psychotherapy.

Methods

Development of questionnaire

The questionnaire was developed in three phases. In the first phase the content of group interaction and communication related to understanding of affects, feelings, thoughts, reactions, and phantasms, was analyzed. Patients' statements were noted down after the sessions. Based on the notes, 26 statements with anticipated yes or no answers were formulated. The questionnaire was applied on one group of 7 patients in three turns: after the 9th, 72nd, and 148th session.

In the second phase, the questionnaire was expanded to include 45 statements with yes or no answers. The questionnaire was employed in 10 small groups with 68 patients and 7 therapists. The therapists-group conductors are of different gender, professional occupation and different level of formal training in group analysis. The

questionnaire was again employed with the same patients-groups after 15 months of therapy[19].

Having used the experience gained in first two phases, in the third phase 160 patients' statements derived from empathy-related communications, reactions and interactions were constructed and selected. Responses were presented in Likert-type scale as following: 1-never, 2-rarely, 3-sometimes, 4-often, and 5-very often. Materials with invitations for voluntarily participation in the study were sent to 48 addresses; i.e. to all group analysts who are members of the Institute for Group Analysis Zagreb in Croatia. The material contained standardized instructions for therapists and patients. Data gathered from patients were: age, gender, formal education, professional occupation, employment and marital status, previous group or individual psychotherapeutic experience, duration of treatment in the current group. Data gathered from therapists were: gender, formal education, level of formal training/experience in group analysis, type of group composition, frequency of sessions in a week, private/state setting. As instructed, the therapists who agreed to participate in the study employed questionnaires with their patients after their group sessions. Of 400 questionnaires sent, two hundred fifty six (64%) returned; were properly filled and contained requested information, so that they were included in data processing.

Sample

There were 256 patients examined, of which 41% were male. The average age of patients was 36, ranging from 28 to 57 years. There were 16% of patients who were ? 28 of age, 45% from 29 to 38; there were 30% of patients ranging from 39 to 48 years and 9% of those from 49 to 57. There were 50% of married patients, 39% of singles and 11% of those who were divorced. University degree education had 45% of patients, and 55% of patients had high school and elementary school. Of total, there were 72% of patients who were employed. There were 9% of patients of medical professional background, 18 % of administrative, 25% of social studies, 24% of technical, 20% of service industry background, and there were 4% of patients who were students. An average duration of group treatment was 28.63 ± 16,26 months; there were 26% of patients who were in a group treatment up to 6 months, 37% from 7 to 24 months, 18% from 25 to 48, and there were 19% of patients who were in therapy over 25 months. Prior to inclusion in group therapy, there were 72% of patients who were treated individually with average treatment duration of 18.43 months (up to 6 months 29% of patients, from 7 to 24 months 29%, and over 25 months 14% of patients). There were 84% of patients who did not have previous experience in group therapy, while 16% of patients did have such experience with an average duration of 15.69 months (11% of patients up to 12 months, 3% from 13 to 24 months and 2% of patients over 25 months). Furthermore, the research included 12 group analysis trainees (5%) who have been completing their practical training in groups with patients, and 95% of patients whose DSM-IV diagnoses were as following: there were 7% of patients with F30; 36% with F40; 7% with F43.1; 26% with F50-F60; and there were 9% of patients with F20.

Therapists: Examined groups were conducted by 20 therapists (including two authors of this study); seven men conducted 28% of patients, and 13 women conducted 72% of patients. The therapists' basic professional occupations were: 15 psychiatrists (79% of patients), 3 psychologists (15% of patients), 1 defectologist (2% of patients), and 1 medical doctor (4% of patients). There were 7 group analysis trainers who conducted 19 groups (46% of patients), 6 group analysts conducted 9 groups (26% of patients) and 7 group analysis trainees who conducted 12 groups (28% of patients).

Groups: There were 40 groups examined with an average of 6.33 patients per a group. There were 38 slow-open groups (91% of patients) and 2 closed groups of patients with PTSD. Once a week sessions were conducted with 34 groups (80% of patients), and twice a week sessions with 6 groups (20% of patients). There were 31 groups of patients with neurotic disorder (75% of patients), 4 groups of patients with PTSD (14%), 4 groups of patients with psychosis (8%) and 1 homogenous group of borderline-narcissistic patients (3%). There were 2 inpatient groups (6% of patients), 10 outpatient groups (27%) and 28 groups were conducted in private practice (67%). There was one group from Dubrovnik (2%), two K. Kambelovac groups (4%), one Osijek group (4%), four from Pula (15%), one from Šibenik (2%), one Trogir group (2%), seven Zagreb groups (16%), four from Zadar (10%) and seventeen Split groups (45%).

Questionnaire validation and statistics

The content analysis excluded double negation items and those items that were unclear to patients either in content or form (11 items). Since responses provided to 25 items grouped around the ultimately positive, i.e. were in compliance with the socially desirable responses, a 20 item control scale was constructed. Those items for which over 70% of patients selected responses 5-very often and 4-often and which meet the remaining criteria, were included in the control scale.

For the purpose of practical application, two questionnaires were designed. Isolated basic and control scale items were organized and classified in an irregular sequence in two standardized parallel questionnaire forms, GA-Em1 and GA-Em2. These forms represented a final version of the scale for measuring of empathy in group psychoanalytic psychotherapy.

Time required for filling in and questionnaire rating is 10 to 15 minutes per a questionnaire. The overall questionnaire result is obtained objectively by summing up the scores for all selected responses. Maximum score, including the control scale, is 200 points; and minimal is 40 points. Maximum number of points in the control scale is 50 points and minimal 10 points.

Statistica 7, software application (StatSoft Inc Tulsa, USA) was utilized for data processing. Item discrimina-

tion was estimated through analysis of response distribution for each item and in item-total correlation. Those items with the significantly deviated normal distribution regarding response 1-never, and frequently totaling over 30% to responses 1-never, and 5-very often, were excluded (77 items). Items (63 items) with the item-total correlation less than 0, 3 were excluded (with the exception of 3 items that were less than 0.2858 and 3 items less than 0.2337). Items (61 items) with Alpha if item deleted over 0.947 were excluded as well (except for 4 items showing over 0.9471).

Factor analysis isolated 5 factors. Items with a negative factor saturation and/or factor saturation less than 0.3 (26 items) were excluded from the matrix made by means of Varimax-Kaiser Rotation method.

A newly created comparative matrix comprised of all selected items and all 4 selection criteria (items from the

TABLE 1
FINAL VERSION OF QUESTIONNAIRE ON EMPATHY IN GROUP ANALYSIS: GA-Em1

No.	Question*
1**	I I believe I can understand myself better with the help of the group
2	When I share my deep thoughts and feelings, the group understands me
3	It is important to me to understand the feelings of others in the group
4	I easily show to a group member that I like him/her
5**	The therapist is warm and compassionate
6	In the group I talk about certain things about myself for which I thought I could never tell them to anybody
7	I gladly joke in the group
8	I respond with an ease to direct questions asked by the therapist
9**	I know that the group members are not there only for me
10	I am certain the group understands me
11	During the week I think about what has happened at the session
12	I am trying to endure tense atmosphere in the group
13**	Therapist's approval is important to me
14	I try to reveal my secrets to the group
15	Even though my fantasies are crazy, I can talk about them
16**	Whatever I am, I think the therapist will understand me
17	I can talk about my sexual fantasies in my group
18	I feel deeply connected with the group
19	When I feel really bad, the therapist sees that
20**	The group is important to me
21	I feel uneasy at sessions when somebody needs help, but I do not know how to help him/her
22	I can take it when the group members are arguing
23**	I am happy when the therapist sees the progress I have made in my therapy
24	It is pleasant to find out that I can understand persons different than me
25	I am relaxed when I sit next to the therapist
26**	I can understand that a new group member has hard time
27	I am trying not to act as if I was perfect
28	There is a reason why the therapist allows some group members to talk all the time
29**	I can apologize if I hurt somebody or misunderstood something
30	I let others see my embarrassment
31	Group members who are very scared communicate with the therapist more than with the group
32	I can see parts of me in other group members
33	I am active in the group
34	I understand group members' competition for the therapist's attention
35	I have difficult time when the group deals with me
36**	I understand that certain group members have difficult time talking about themselves in the group
37	A group member's tears make me sad
38	I can even understand those who behave in a way I do not approve of
39	I feel I am important to the group
40	The group members can see how I feel even when I am quiet

*The scale for each item ranged from 1 – never to 5 – very often; **Control scale items

basic scale). Items that met at least three of four selection criteria were included in the final selection scale, so that 60 items of the basic scale were isolated.

Results

Reliability analysis showed high degree of questionnaire homogeneity; questionnaire's Cronbach Alpha was 0.9473.

Factor analysis showed multilayered character of empathy that has been measured by this questionnaire; it showed a significant correlation of isolated factors, especially of the first two; it also showed the dominance of Factor 1. First factor covers 15.3% of variance, second factor 5.3%, third factor 4.3%, fourth 3% and the fifth factor covers 2.5% of variance.

Factor 1 – Emotional disclosure and sensibility: Based on the selection criteria, of sixty nine isolated items, 51

TABLE 2
FINAL VERSION OF QUESTIONNAIRE ON EMPATHY IN GROUP ANALYSIS: GA-Em2

No.	Question*
1**	I feel close to the group
2	I can understand problems of others
3	I feel deeply connected with the therapist
4	I manage to articulate my feelings in the group
5**	The therapist makes me feel safe
6	I can say anything about myself in the group
7	I accept that some group members do not understand me
8	I easily get involved in somebody else's problems
9	I can see how someone feels even when he/she is quiet
10	It happens that somebody else says out loud what I think
11**	Certain group member's past helps me understand them
12	The group looks after my feelings
13	The group guesses how I feel before I say anything about it
14	I think about the therapist during the week
15**	I find the group members interesting
16	I relax in the group easily
17	Even though my thoughts are very difficult, I can talk about them
18	I feel the therapist understands me even when I am quiet
19	I understand messages conveyed by others even when they are not clearly articulated
20**	It feels nice when the therapist compliments me
21	I even accept a bad image others have of me
22	I easily show my bad emotions in the group
23	I am sad when somebody is leaving the group
24**	The therapist understands me
25	I can talk about my sex life in the group
26	The group understands my thoughts and feelings well
27	I respond even when I am asked unpleasant questions in the group
28	I feel deeply connected with some group members
29**	I am happy when the group sees the progress I have made in my therapy
30**	It is normal to me that the therapist can always maintain his/her calmness
31	I am ready to accept that others see me differently than I see myself
32	I can tell to everybody in the group what kind of impression I have of them
33	It makes me sad to see that some group members are not able to suffer
34	When a certain subject is difficult for me I still do not interrupt the conversation and do not try to change the subject
35**	It pleases me when group members say I have helped them
36	I know that group members who have the need to spoil everything are like that for a good reason
37	Certain subjects make me cry easily
38**	I am delighted when somebody in the group has completed working on himself/herself
39	The group stimulates my imagination
40	I understand group members' competition for the therapist's attention

*The scale for each item ranged from 1 – never to 5 – very often; **Control scale items

have been kept for the final questionnaire version. The content of Factor 1 refers to emotional disclosure in a group (giving and receiving relation), readiness for emotional disclosure, involvement, receptiveness, and sensibility for emotions of others; trust and confidence in the therapist and the group. There are 32 items of this factor that are clean; 19 items are saturated with several factors; 11 items are saturated with the first and the second,

TABLE 3
QUESTIONNAIRE'S FACTOR STRUCTURE GA-Em1

Item	Factors				
	1	2	3	4	5
1*	0.514				
2	0.475				
3	0.337				
4	0.544				
5*	0.337				
6	0.551				
7	0.404				
8	0.4	0.342			
9*		0.547			
10	0.541				
11				0.568	
12					0.364
13*			0.427	0.344	
14	0.528	0.361			
15	0.645	0.364			
16*	0.497	0.306			
17	0.583	–0,351			
18	0.637				
19	0.342			0.437	
20*	0.619				
21			0.465	0.412	
22		0.558			
23*	0.456	0.37			
24	0.352	0.313	0.316		
25	0.405				
26*		0.302			
27		0.421			
28		0.335			
29*	0.32	0.432			
30	0.536				
31					0.351
32				0.325	
33	0.536	0.313			
34		0.408			
35		0.393			
36*			0.508		
37			0.309		
38	0.347	0.371			
39	0.663				
40	0.504				

*Control scale items

TABLE 4
QUESTIONNAIRE'S FACTOR STRUCTURE GA-Em2

Item	Factors				
	1	2	3	4	5
1*	0.586				
2	0.488		0.346		
3	0.508				
4	0.69				
5*	0.431			0.317	
6	0.663				
7		0.33			
8			0.366		
9			0.449		
10				0.329	
11*		0.489	0.31		
12	0.511				
13	0.558				
14				0.485	
15*	0.454				
16	0.693				
17	0.593				
18	0.403				
19	0.372				
20*	0.484				
21	0.304	0.361			
22	0.577				
23	0.376		0.3		
24*	0.341	0.32		0.34	
25	0.584				
26	0.593				
27	0.51	0.51			
28	0.521				
29*	0.38	0.377			
30*		0.463			
31		0.41			
32	0.686				
33					0.481
34		0.579			
35*	0.424		0.407		
36		0.396			
37				523	
38*		0.426	0.437		
39	0.436				
40		0.407			0.306

*Control scale items

one of which negatively; 5 items are saturated with the first and the third, 2 items with the first and the fourth and 1 with first three factors.

Factor 2 – Containing and metabolizing feelings: There are 49 items that were isolated. After the selection process, 16 items have been kept. Factor 2 content shows how much group members can accept, contain, metabolize and meet other persons' reactions and emotions. There are 11 clean items, 3 items are saturated with the second and the third factor, 1 with the second and the fourth and 1 item with the second and the fifth factor.

Factor 3 – Immersion and identification: There were 29 isolated items; 5 items related to capacity to experience and immerse into feelings of others have been selected. Three items are clean; two items are saturated with the third and the fourth factor.

Factor 4 – Resonance and responsiveness with recognized emotions: There were 24 isolated items; 5 items of clean saturation have been selected. The content of this factor points at how the group impacts upon group members individually, i.e. resonance with emotions in the group.

Factor 5 – Insight (Understanding of motives and meaning of interactions and emotions): There 25 items that were isolated and 3 of clean saturation have been kept. This factor relates to recognizing and understanding of deeper (unconscious) motives and reasons for certain behavior.

There are thirteen Factor 1 items that have been included in the control scale (6 items of clean saturation, 3 items saturated by the first and the second factor, 2 items by the first and the third, 1 by the first and the fourth, and 1 by the first, second and the fourth factor). There are six Factor 2 items (2 clean items, 3 saturated by the second and the third, and 1 by the second and the fourth factor). And finally there is one Factor 3 item.

Discussion

The study demonstrates the development of a questionnaire on empathy in group-analytical psychotherapy (GA-Em) with good psychometric characteristic.

Patients are very different in terms of capacity for caring, involvement, capacity to accept and understand emotions and impressions of others, disclosure and readiness for emotional communication, receiving and responding to emotions. In the beginning of group psychotherapeutic treatment, patients are strongly focused on their own suffering, symptoms and conflicts, so that they are in fear of disclosing emotionally. Generally speaking, they have diminished interest for others as well as the ability to observe and take part in the feelings of others and their pains[2,3,5,10–12,14,19]. Group analysis results in the increased patients' empathic capacity[5] and ability to partake in a meaningful, affectively and empathically adjusted communications[12,14]. We find it significant that this questionnaire allows evaluation of such changes from a psychodynamic point of view. Considering that the questionnaire content relates to different aspects and phases of emotional understanding and communication in groups, it provides possibilities to evaluate these changes, to get a certain insight in these processes and their better understanding.

A high degree of reliability of data obtained by this questionnaire proves its good validity that has been tested by factor analysis as well. The reasons for high level of questionnaire's homogeneity are: a) high number of preliminary items –160 of those; b) homogeneous sample comprised of patients included in group psychotherapy based on the inclusion criteria (interviews); c) items have been created based on authentic formulations made by patients; d) experienced practitioners, group analysis trainers have taken part in creating and selecting the items.

The complexity and multi-layered character of empathy and mutual correlations of certain aspects and phases of this process have also been confirmed by the factor analysis. The isolated factors demonstrate a sequence of empathic process: from manifest communication to understanding of its latent meaning, from emotional disclosure to understanding of unconscious motives, feelings, and reactions, i.e., an insight. Given the results, it is justified to differentiate empathy in a broader and narrower sense.

Firstly, isolated Factor 1 corresponds with the psychoanalytic concept of empathy as a process of collecting information about the emotional world and life of other person[1,4,5], which corresponds with empathy in a broader sense. It refers to readiness to disclose emotionally end expose oneself in front of the others, as well as to sensibility and receptiveness to emotions of others. Basically, it is the correlation of affective giving and receiving that are preconditions for the beginning of an interpersonal communication in a group[1,4,5].

Nevertheless, in psychoanalytical therapy, data collected through empathy is given utmost importance because it helps the deeper understanding of the patient's unconscious. This would be empathy in a narrower sense or an insight. Thus, empathy is a prerequisite for therapeutic interventions and changes. The reminder of isolated factors corresponds with analytical processing (cognitive and emotional) of information collected through empathy such as: containing and metabolizing, immersion and identification, resonance and responsiveness, and understanding of deeper motives and meaning of emotions and interactions (insight). These factors correspond with empathy in a narrower sense[2,3,6,12,14].

In order to allow the process of empathizing to take place smoothly, it is necessary for the psychological boundaries among the group participants to be established, sufficiently stable, steady, but also permeable. A good capacity for empathy implies: flexible personality boundaries so that, on temporary basis, they can get lost and be reestablished without a threat of disintegrating one's own personality[1–3,5,11,12]. The first, the most dominant factor, confirms that group's ability to give and receive, to communicate in an emotionally open and sensitive

manner, which involves understanding and bringing together of all group members including the therapist, are of special importance. The patient's confidence in the group and the therapist develops a sense of security and acceptance. This is a prerequisite that allows a group member to empathically immerse into emotional experiences of other group members.

The correlation and interdependence between Factor 1 and Factor 2, in other words between emotional disclosure and sensibility and containing and metabolizing feelings is illustrated by 11 items saturated by these two factors. Content wise, these items show readiness to emotionally disclose, even when disclosure is potentially painful and unpleasant.

The connection between disposition to emotional influences by others and immersion (transitional and prompt identification) into these emotions is shown by contents conveyed in 5 items saturated by Factor 1 and Factor 3. The item: »I can talk about my sexual fantasies in my group« is positively saturated by Factor 1, and negatively by Factor 3, since it shows emotional openness, but it does not refer to immersion into somebody else's emotions. That emotional disclosure and sensibility resonates with feelings of other group members and of the therapist can be seen in 2 items saturated by Factor 1 and Factor 4. Their content shows that group members find it important for the therapist to show that he/she understands and accepts their emotions. This can also be seen in the item: »The therapist understands me«, which is saturated by Factor 1, Factor 2 and Factor 4 illustrating the connection between the processes of emotional disclosure, containing and metabolization with resonance.

The item: »It is pleasant to find out that I can understand persons so much different than me« is saturated by first three factors. It brings in correlation emotional disclosure, containing and metabolization of feelings as well as immersion, i.e. identification.

After a feeling of trust and confidence has been built within a group, patients begin disclosing emotionally and expose themselves to the impact of their own feelings and to feelings of other group members. Observation of immediate reactions to group interactions and communications is redirected towards the inward. Patients are recognizing how they see and react to what is going on in the group, and this is covered by Factor 2. Containing capacity in psychoanalytical theory[13,20] means capacity to absorb feelings and tensions of others, capacity to metabolize, contain and adequately (cognitively) understand them in order to respond and return them in a modified and transformed manner.

The correlation between containing capacity and immersion into emotions of others is visible in three items saturated by Factor 2 and Factor 3. The items' content shows acceptance and deeper understanding (through identification) of new group members who have just joined the group; of those who have completed their group therapy and are leaving the group, and of the phenomenon that personal past conditions patients' behavior.

The item: »Therapist's approval is important to me« is saturated by Factor 2 and Factor 4, i.e. by acceptance of my personal attachment to the therapist and the insight in the importance of his/her empathic response. Item: »I understand group members' competition for therapist's attention«, is saturated by Factor 2 and Factor 5, and shows that containing of the group competition leads to understanding and acceptance of its motives.

Factor 3 refers to the capacity to feel what somebody else feels, to be in somebody else's shoes. Simultaneous to transitional prompt identifications and partial participation in certain experiences, observation of the inner resonance of those reactions and impressions takes place. Identification of emotional alarms in oneself proves that identification with somebody else has occurred[2]. This factor also contains affective and cognitive understanding. There are two items saturated by Factor 3 and Factor 4, and they demonstrate cognitive and emotional participation, identification, understanding and resonance with emotions of others.

The fact that the process of empathizing allows and leads to (reactive) communication is shown in Factor 4[1,3,5,12,14]. All group members affect one another; stimulate emotional responses and reactions in each other, which are incentives for communicating. The importance of a meaningful communication and interaction in group psychotherapy has been recognized ever since psychotherapy has been founded[3,5,11]. Working on creating preconditions for a meaningful communication, which has to be stimulated and facilitated[3,5,11], is one of the basic tasks of group therapy.

Empathic communication on its most profound level allows an insight, i.e. understanding and evaluation of concealed, unconscious motives and symbolical meaning of emotions and reactions in a group, as it is shown in Factor 5. Such communication can be developed by a mature group and patients.

The analysis of control scale's factor structure shows that inclination to provide socially desirable responses is for the most part connected with Factor 1, (Emotional disclosure and sensibility). When we talk about the deeper levels of communication and understanding in a group (Factor 4 and Factor 5), patients are more critical and provide honest answers. The content of control scale items shows that they refer to trust and positive impression of the therapist and the group. This is reflective of a developed positive transference towards the therapist, group and group psychotherapy. The scale confirms the importance and the role of the group conductor[3,5,11,12,14,21] the patients are dependent upon because of their regression. He/she is responsible for the group and has to create preconditions for understanding, acceptance and a sense of security for each group member, ease the communication and mutual understanding, especially in early phases and phases of group crisis. Half of control scale items have been saturated by only one factor, and the other half has manifold saturation.

It is expected that a higher questionnaire score will be accomplished by those patients and groups who are more

open emotionally, who are more spontaneous and direct in communication, who are receptive and interested in emotions of others, have bigger introspect ability, have stable and flexible ego and self boundaries. It is also expected that better result would be achieved by those patients who have been in a treatment longer and have a group conductor with a high empathic capacity[22]; and those better composed, developed and experienced groups who are in terminal phases of therapy.

The disadvantage of this study is high reliability of the questionnaire results that has been conditioned by high number of preliminary items. An effort has been made to resolve this issue by creating shorter questionnaire versions.

In further work it is necessary to employ factor analysis in parallel questionnaire forms, test its reliability, discrimination, and criteria validity in relation to standardized personality questionnaires. Of special importance for clinical practice would be to establish whether the questionnaire discriminates patients in accordance with indications for group analysis: age, gender, marital status, education, professional occupation, DSM-IV diagnosis, prior experience in psychotherapy-preparation for the group, and duration of treatment in the group. It is necessary to establish whether the questionnaire results can be brought in relation to therapists' characteristics (gender, formal education, professional therapy experience) and to peculiarities of the group (session frequency, private or state setting, homogeneous or heterogeneous group composition, closed or slow-open groups).

This research is continuation of the previous researches of the two authors. The previous studies included smaller samples of groups following these issues: importance of the therapeutic factors in group analysis[23,24], group members' assessment of their conductor[22] and changes of personality profile and defense mechanisms during group analytic treatment[25].

Even though this questionnaire has been originally designed for application in group psychoanalytical psychotherapy, so that its employment follows peculiarities and specific qualities of psychoanalytical theory and therapy, we think it would be useful to explore the possibilities of its application in groups that are conducted with different agenda and in line with other theoretical and technical concepts.

Acknowledgements

The authors wish to thank all colleagues who participated in the study: Anton Sanda, Britvić Dolores, Brkljačić Đurđica†, Čajo Najda, Dedić Helena, Jeličić Jadranka, Josić Dragan, Katavić Zdenko, Kezić Slobodanka, Luetić Anđelka, Marković Hrvoje, Matijević Veljko, Marčinko Helena, Miolović Gabrijela, Perinčić Robert, Stojanović Milivoj, Urlić Ivan, Veronika Dina as well as Motovun group.

REFERENCES

1. KOHUT H, J Amer Psychoanal Assn, 7 (1959), 459. — 2. TANSEY MJ, BURKE FW, Understanding countertransference (Analytic Press, New York, 1989). — 3. YALOM ID, The theory and practice of group psychotherapy 4th ed. (Basic Books, New York, 1994). — 4. KOHUT H, The analysis of the self (International Universities Press, New York, 1971). — 5. KLAIN E, Grupna analiza (Medicinska naklada, Zagreb, 1996). — 6. STERN ND, The interpersonal world of the infant (Basic Books, New York, 1985). — 7. WINNICOOT DW, Playing and reality (Tavistock, London, 1971). — 8. MAHLER M, On human symbiosis and the vicissitudes of individuation (International Universities Press, New York, 1968). — 9. BUIE DH, J Amer Psychoanal Assn, 29 (1981) 281. — 10. KERNBERG OF, Aggression in personality disorders and perversions (Yale University Press, New Haven and London, 1992). — 11. FOULKES SH, Therapeutic group analysis (International Universities Press, New York, 1964). — 12. LIVINGSTON MS, LIVINGSTON LR, Int J Group Psychother, 56 (2006) 67. — 13. BION WR, Second thoughts (Heinemann, London, 1967). — 14. BROWN D, Self development through subjective interaction. In: BROWN D, ZINKIN L (Eds.) The psyche and the social world (Routledge, London, 1994). — 15. BEUTLER EL, CLARKIN J, Future research directions. In: BEUTLER EL, CRAGO M, (Eds.) Psychotherapy research (American Psychological Association, Washington, 1991). — 16. MILLER EN, LUBORSKY L, BARBER PJ, DOCHERTY PJ, Psychodynamic treatment research (Basic Books, New York, 1993). — 17. FONAGY P, An open door review of outcome studies in psychoanalysis 2nd rev ed (International Psychoanalytical Association, 2002). — 18. CARTER D, Group Analysis, 35 (2002) 119. — 19. PAVLOVIĆ S, URLIĆ I, VLASTELICA M, TOCILJ-ŠIMUNKOVIĆ G, Group-analysis and changes of the empathic capacity. In: New Integration, Partnership and Applications (Regional Mediterranean Conference of International Association of Group Psychotherapy, Zadar, 2001). — 20. COLIN DJ, žHolding' and žcontaining' in the group and society In: BROWN D, ZINKIN L, (Eds) The psyche and the social world (Routledge, London, 1994). — 21. PINES M, The group-as-a-whole. In: BROWN D, ZINKIN L, (Eds.) The psyche and the social world (Routledge, London, 1994). — 22. VLASTELICA M, URLIĆ I, Coll Antropol, 28 (2004) 183. — 23. VLASTELICA M, URLIĆ I, PAVLOVIĆ S, Coll Antropol, 25 (2001) 227. — 24. VLASTELICA M, PAVLOVIĆ S, URLIĆ I, Coll Antropol, 27 (2003) 779. — 25. VLASTELICA M, JURČEVIĆ S, ZEMUNIK T, Coll Antropol, 29 (2005) 551.

M. Vlastelica

Private Psychiatric Practice, Vukasovićeva 9, 21000 Split, Croatia
e-mail: mirelavlastelica@yahoo.com

RAZVOJ UPITNIKA O EMPATIJI U GRUPNO-ANALITIČKOJ PSIHOTERAPIJI

S A Ž E T A K

Cilj ove studije je razvoj upitnika za praćenje empatije u grupnoj psihoanalitičkoj psihoterapiji i ispitivanje njegove faktorske strukture. Analizom komunikacija i interakcija koje se odnose na empatijsko razumijevanje tijekom grupnih seansi stvoren je upitnik s 160 tvrdnji (itema) Likertove skale od 5 stupnjeva. Upitnik je primijenjen na uzorku od 256 pacijenata iz 40 terapijskih grupa u 9 gradova u Hrvatskoj. Svih 20 grupnih terapeuta je educirano prema programu Instituta za grupnu analizu Zagreb a pacijenti su odabrani prema indikacijama za grupnu analizu. Procjenom diskriminativnosti stavki i analizom komponenata limitiranih na 5 faktora izdvojeno je 80 tvrdnji (itema) od kojih 20 čini kontrolnu skalu socijalno poželjnih odgovora. Formirane su dvije paralelne forme upitnika »Grupna Analiza – Empatija 1« i »Grupna analiza – Empatija 2«. Razvijen je nov, pouzdan i valjan upitnik za praćenje empatije koji se može koristiti u grupnoj psihoterapiji. Faktorskom analizom su izdvojeni slijedeći faktori: 1. Emocionalna otvorenost i senzibilnost; 2. »Containing« i metaboliziranje osjećaja; 3. »Uranjanje« i identifikacija; 4. Rezonanca i 5. Uvid. Novim upitnikom o empatiji u grupnoj psihoanalitičkoj psihoterapiji može se mjeriti kapacitet za emocionalnu komunikaciju s članovima grupe i voditeljem.