

The Assessment of the Analytic Group Treatment Efficiency According to Yalom's Classification

M. Vlastelica¹, I. Urlić² and S. Pavlović¹

¹ Private psychiatric practice, Split, Croatia

² Department of Psychiatry, University Hospital Split, Split, Croatia

ABSTRACT

The authors expose the assessment of therapeutic factors during group analytic treatment. In the methodology of research several measuring instruments were applied. In this study it will be exposed the results obtained by Yalom's questionnaire containing 60 items. Three small analytic groups were followed up, encompassing 20 group members. By self-evaluation they ranked the assessment of every of 12 therapeutic factors according to their importance. The variability of results was shown more inside than among groups. The highest-ranking therapeutic factors the group members sorted out were: self-understanding, family re-enactment, cohesiveness and universality. The factor of identification was the lowest ranking in all groups.

Introduction

In the course of group-analytic practice, where we learned the power of the therapeutic media, there occurred the need of group-analysis researches. Having adopted Foulkes' group-analysis we got interested in the fact that psychotherapeutic work in general, and group analysis especially, are hard to measure and put into some exact frames. For long time, the empirical-descriptive method was the only way of research. Therefore, discovering the Yalom's at-

tempts to test such work opened new perspectives. Among the numerous authors who dealt with group-psychotherapy research and who structured various measurement instruments – questionnaires, Yalom's questionnaire proved to be by far the most acceptable, especially the 1968 questionnaire for assessing the group therapeutic factors. Thus, beside the Foulkes' concept, we added the positivistic eclectic attitude of Yalom and opened the possibility of systematisation and structuring of research in the sensitive field of group analysis.

Measurement Instruments in Group Psychotherapy

Although known as »therapeutic factors«, they are unfortunately nothing like medicines that a doctor may administer, as Zinkin¹ has put it. They emerge spontaneously from the group, and the conductor is to help the group as a whole to follow them up.

According to MacKenzie², the basic polemics about measuring of changes in psychotherapy is based on the question whether a change is to be measured by means of open measuring of behaviour or whether it should be evaluated more finely by monitoring inner psychological dimensions. Coché³ suggests that a doctor is to wonder how to know when his patients feel better. He says that following the therapy results up, besides providing additional information on the patient's improvement, strengthens the therapist's self-respect, as well as his respectability and credibility as a scientist.

When writing about comparative analyses of group change mechanisms, Lieberman⁴ 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. Further more, observations that mean the way in which individuals use the group context for a change, learning or growth, may lead to changes in the group conduct. A successful therapist should be able to create a wide scope of experiences that are instructive for the patients.

We shall present some of the methods of group psychotherapy research. Yalom⁵ researched therapeutic factors of the

group. Unlike him, MacKenzie⁶ measured the »group climate«, represented by the group description through a series of interactions GCQ (Group Climate Questionnaire) is made of twelve items, and the data can be collected from various sources – from the patient as well as from the therapist, observer, researcher. Most of the Yalom's curative factors can be understood as aspects of the group climate. Some of the items are that, for instance, group members tried to understand why they do what they do, or that they tried to avoid seeing important events that take place between them, or that they depended on the conductor and his conducting, etc. GCQ is a questionnaire that generates considering the group as a whole, and is very sensitive for identifying the first group stages. It is interesting that members, according to this research, evaluated the group as more engaged, less avoiding and in a lesser conflict than it was evaluated by conductors. However, such results do not surprise, since the members tended to the group cohesion rather than to the disturbing dealing with the psychological change.

Dick⁷ followed up group analytic psychotherapy patients through a ten years' study of therapeutic outcome. Her research subject was: testing of the assumption that a closed analytic group is a means of positive change for its patients (from the patient status to an active mature person); – defining factors relevant for the patient's suitability to an analytic group; – formulating the changes and observing whether the change remains after the group therapy ended. The study included 93 patients (neurotics, borderline patients) of both sexes, 19–45 years of age, with history of one to ten years of unsuccessful psychiatric therapy. There were eleven groups, working for 18 months in average. Eight parameters were followed up, the first three of them –

marital relations (or relations with parents with singles), work (profession) and sexual relations – making the Freud's description of healing: to be able to love and work. Since there were 23 dropouts, 70 patients were followed up at the end of the therapy, then 6 and 18 months after the end, and finally 2.5 years after the end of the therapy. The summary positive change happened with 61 patients, 8 remained unchanged, and one patient experienced negative change.

Sigrell⁸ made a study of long – term effects of group therapy. He followed 18 patients 1.5 year and 13 years after the end of the therapy. 1.5 year after the therapy 17 patients were maintained improvements and 13 years after the therapy by 12 of them.

Colamónico⁹ has offered researching of various (not only therapeutic) small groups, using the Bales' categorisation. This is categorisation of reactions shown by group members, which can be put into three emotional reaction groups: positive, neutral and negative. The positive reactions show solidarity, reduced tensions and harmony, while the negative ones show disharmony, tension and antagonism. This categorisation can also be applied with researches of such groups as family, work, team, political etc.

Marziali et al.¹⁰ measured group cohesion by a group atmosphere scale. *GAS* – »Group Atmosphere Scale« is a scale with twelve subscales, where seven subscales show cohesion: spontaneity, support, belonging, involvement, insight, clearness and autonomy. According to her observations, group cohesion can be identified with the concept of therapeutic alliance, since many group cohesion measurements included perception of the conductor's characteristics as seen by the group members, this making part of the therapeutic alliance concept in individual therapy. However, the group cohesion should be differentiated from the group alliance

since the cohesion relates firstly to links between members, while the group alliance mostly focuses to member – conductor relations.

Bloch and Crouch¹¹ carefully researched 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, by disappearance of symptoms or by the aimed change of behaviour, i.e. personal development. Importance of particular group factors is relative since it depends on the sort of group, group goal, size, composition, duration, developmental stages, etc. Some factors are more important in one group process stage, others in another. In the same group, some patients profit from one group of factors, others from another, etc. Among the many classifications offered by Bloch and Crouch, two stand out: the Corsini's and Rosenberg's classification and the Yalom's classification.

Corsini and Rosenberg have set nine factors:

1. acceptance – feeling of belonging to the group;
2. altruism – feeling of being useful to others;
3. universalisation – understanding that one is not alone and that there are others experiencing the same problems;
4. intellectualisation – as an insight and learning process (not a defence mechanism);
5. reality testing – evaluation of experiences through events that took place in the group;
6. transference – powerful connection to the therapist or other group members;
7. interaction – ability to relate within the group;
8. observation therapy – by observing other group members (similar to the Yalom's imitative behaviour);
9. ventilation – getting rid of emotions and suppressed contents.

In a simpler manner, this therapeutic factor group can be classified into three categories:

- intellectual: universalisation, intellectualisation, imitative behaviour;
- emotional: acceptance, altruism, transference;
- action: reality testing, interaction, ventilation.

To these factors, Bloch and Crouch¹¹ added the following:

- self-understanding, cognitive factor where the patient learns something important of himself, his behaviour, motivation, fantasies, reasons of his behaviour;
- interpersonal learning categorised as an interaction factor by Bloch.

These two factors are important Yalom's factors. Self-understanding has the importance of insight. Interpersonal learning as a factor results from the Sullivan's central thesis that a personality is caused by its relations to the »important others«, a thesis used by Yalom. He separated the interpersonal learning or interaction to further two factors: input and output.

In the Yalom's classification⁵, there are twelve therapeutic factors that gave base for designing the questionnaire that was applied in this research. By his questionnaire, Yalom follows:

1. altruism
2. group cohesiveness
3. universality
4. interpersonal learning – input
5. interpersonal learning – output
6. guidance
7. catharsis
8. identification
9. family re-enactment
10. self-understanding
11. instillation of hope
12. existential factors.

Bloch and Crouch¹¹, furthermore, have commented the relation between

the length of the patient's stay in the group and his experiencing of the group, and the fact that those who spent more time in the group pointed out: cohesiveness, self-understanding and interaction. Outpatients pointed out: self-understanding as the most important, whereas day hospital patient pointed out cohesiveness. Bloch and Reibstein¹¹ created a questionnaire on »the most important events«, by following up 33 outpatients during the first 6 months of a group that met once a week, where they got as the most important factors: self-understanding, self-disclosure and interaction. Inpatients, however, pointed out: catharsis, cohesiveness and altruism; or instillation of hope followed by cohesiveness, altruism and universality. It is clear that hospital treatment includes also more regressive patients and shorter stay in the group, which also results in different results.

About shorter lasting groups, e.g. two weeks, it is interesting the MacKenzie's¹² »CORE« battery that includes the patient's report instruments and the technique that introduces the »important others« (e.g. family members) into the research.

Kanas¹³ in his researches of group psychotherapy of psychoses was applied the Yalom's questionnaire.

All that is said above makes it clearer that it is impossible to create an absolute hierarchy of the group therapeutic factors. The situation is made further complicated by the fact that all these factors are inter-dependable: they neither appear nor act independently⁵. Their being discriminated is arbitrary, and it should always be kept in mind that separation of therapeutic factors is made mostly for didactic purposes, and that many of them act simultaneously and mutually.

Past Research Results

Through its applications, the Yalom's questionnaire enabled insight into the importance of the group therapeutic factors and the attempt to build a hierarchy of factors scaled in the order of their importance to the patients. It should be pointed out right away that there is no absolute therapeutic factor hierarchy, as it depends on a number of elements (such as kind of the group, patient regressiveness, way of guiding the group, duration of the group, group process developmental stage, etc.). Here, we deal with group-analytic groups, i.e. groups where the patient personality structures were tried to be as close to those of the Yalom's group psychotherapies (out-patients, long-term therapy, presence of neurotic symptoms or possibly deeper personality disorders).

The questionnaire included the 12 Yalom classification therapeutic factors, and each factor was described with five items. Of course, while replaying to the 60 items, the patients were not aware that they assessed therapeutic factors. The range of marks 1–5, of the following values: 1 = totally unimportant experience, 2 = unimportant experience, 3 = experience neither important nor unimportant, 4 = important experience, 5 = very important experience. The items included factors shown in Table 1.

Yalom's group therapeutic factors questionnaire was applied for the first time in 1968, and was structured by Tinklenberg and Gilula besides Yalom. They asked 20 group therapists to select from their long-term group therapy the most successful patients, those who advanced most in the therapy. These were middle class outpatients, with neurotic or characterologic problems. Their therapies lasted 8 to 22 months, or 16 months in average, and the patients were in the final therapy stage. By the Therapeutic Factor Q-sort questionnaire, these 20 patients assessed therapeutic factors, and their processing obtained the following scale, the factors being ranked by their importance.

As it is evident from Table 2, the Yalom's research showed interpersonal learning – input as the most important, and the identification as the least important factor. In the meantime, many authors published results of their researches. The following table shows authors and years of publishing of their results, as well as the two most important therapeutic factors:

It is evident from the data shown in Table 3, that self-understanding was most often selected among the most important factors.

TABLE 1
YALOM'S CLASSIFICATION OF GROUP THERAPEUTIC FACTORS

1.	Altruism
2.	Group cohesiveness
3.	Universality
4.	Interpersonal learning – input
5.	Interpersonal learning – output
6.	Guidance
7.	Catharsis
8.	Identification
9.	Family re-enactment
10.	Self-understanding
11.	Instillation of hope
12.	Existential factors

TABLE 2
YALOM'S THERAPEUTIC FACTORS IN ORDER OF IMPORTANCE

1.	Interpersonal learning – input
2.	Catharsis
3.	Cohesiveness
4.	Self-understanding
5.	Interpersonal learning – output
6.	Existential factors
7.	Universality
8.	Instillation of hope
9.	Altruism
10.	Family re-enactment
11.	Guidance
12.	Identification

TABLE 3
MOST VALUES THERAPEUTIC FACTORS

Year	Author	1 st Factor	2 nd Factor
1974.	Weiner	Interpersonal Learning (input + output)	Cohesiveness
1980.	Butler and Fuhriman	Self-understanding	Universality
1980.	Mower	Interpersonal Learning – input	Self-understanding
1980.	Long and Cope	Catharsis	Cohesiveness
1981.	Flora – Tostado	Catharsis	Self-understanding
1983.	Butler and Fuhriman	Self-understanding	Catharsis
1985.	Leszcz, Yalom and Norden	Interpersonal Learning	Self-understanding

Results

Our research was implemented in three small groups, i.e. among 20 patients. The groups were created and conducted by the same conductor. The Yalom 60 questionnaire was applied at the end of the second and at the end of the fourth years of group analysis. Next, we are going to present tables showing average patients-assessment of the 12 therapeutic factors. The tables show the most important factor (red colour) and the least important factor (blue colour) for every group.

Table 4 shows average patient-assessment of the twelve Yalom 60 scale factors, for every group, at the end of *the second year* of the group therapy. There are no statistically relevant differences between the groups regarding the importance of therapeutic factors in the second year of the group analysis.

Table 5 shows average patient-assessments of the twelve Yalom 60 scale factors, for every group, at the end of *the fourth year* of the group therapy. At the end of the fourth year of group analysis there are no relevant differences in assessing the therapeutic factors impor-

TABLE 4
GROUP THERAPEUTIC FACTORS' RANK – 2nd YEAR OF GROUP ANALYSIS

Yalom 60	Monday Group	Tuesday Group	Wednesday Group	ANOVA
1. Altruism	3.03 (0.89)	3.53 (0.70)	3.69 (0.76)	F = 1.30 p < 0.29
2. Group cohesiveness	3.54 (1.01)	3.73 (0.39)	4.31 (0.67)	F = 1.98 p < 0.17
3. Universality	3.31 (0.57)	3.96 (0.96)	3.68 (1.09)	F = 0.86 p < 0.44
4. Interpersonal learning – input	3.34 (0.63)	3.70 (0.56)	4.08 (0.94)	F = 1.76 p < 0.20
5. Interpersonal learning – output	3.31 (0.51)	3.23 (0.4)	3.45 (0.94)	F = 0.18 p < 0.84
6. Guidance	3.14 (0.41)	3.80 (0.83)	3.86 (0.67)	F = 2.54 p < 0.11
7. Catharsis	3.60 (0.91)	3.43 (0.72)	3.88 (1.35)	F = 0.32 p < 0.73
8. Identification	2.74 (0.85)	2.47 (1.05)	2.86 (1.00)	F = 0.27 p < 0.76
9. Family re-enactment	3.54 (0.71)	3.66 (0.70)	4.31 (0.76)	F = 2.27 p < 0.13
10. Self-understanding	3.86 (0.61)	3.63 (0.58)	4.09 (0.97)	F = 0.59 p < 0.57
11. Instillation of hope	3.63 (0.78)	3.93 (0.74)	4.26 (0.74)	F = 1.21 p < 0.32
12. Existential factors	3.66 (0.66)	3.93 (0.41)	4.03 (0.43)	F = 0.97 p < 0.40

TABLE 5
GROUP THERAPEUTIC FACTORS' RANK – 4th YEAR OF GROUP ANALYSIS

Yalom 60	Monday Group	Tuesday Group	Wednesday Group	ANOVA
1. Altruism	3.42 (0.45)	3.56 (0.61)	3.88 (0.64)	F = 1.16 p < 0.33
2. Group cohesiveness	4.11 (0.38)	4.03 (0.54)	4.26 (0.42)	F = 0.427 p < 0.658
3. Universality	3.83 (0.59)	4.16 (0.68)	3.74 (1.39)	F = 0.335 p < 0.72
4. Interpersonal learning – input	4.23 (0.33)	3.93 (0.62)	4.08 (0.89)	F = 0.325 p < 0.73
5. Interpersonal learning – output	3.71 (0.38)	3.33 (0.48)	3.40 (0.85)	F = 0.74 p < 0.49
6. Guidance	3.86 (0.35)	3.33 (0.99)	4.77 (3.3)	F = 0.83 p < 0.45
7. Catharsis	4.00 (0.50)	3.73 (0.59)	3.97 (1.03)	F = 0.23 p < 0.79
8. Identification	2.88 (0.87)	2.5 (0.43)	3 (1)	F = 0.64 p < 0.54
9. Family re-enactment	3.86 (0.25)	4 (0.77)	4.17 (0.79)	F = 0.41 p < 0.67
10. Self-understanding	4.26 (0.32)	4.23 (0.29)	3.8 (0.76)	F = 1.72 p < 0.21
11. Instillation of hope	3.88 (0.91)	3.96 (0.71)	4.11 (0.78)	F = 0.14 p < 0.87
12. Existential factors	4.14 (0.32)	4.2 (0.52)	3.94 (0.59)	F = 0.50 p < 0.61

tance among the groups either. More precisely, the variability within each group is larger than the variability between the groups.

Table 6 shows differences in Yalom's factor evaluation, in the second and the fourth year of group analysis, for the *Monday* group. As evident, the Monday

group now, in the fourth year of group analysis, unlike in the second, finds much more important to experience universality, input (interpersonal learning – output), to be guided by others and accept their suggestions (guidance), to experience self-understanding which is, in fact, an insight, and to experience each indi-

TABLE 6
GROUP THERAPEUTIC FACTORS' RANK IN MONDAY GROUP

Monday Group	M(SD) 2 nd year	M (SD) 4 th year	t-test
1. Altruism	3.02 (0.89)	3.42 (0.45)	-1.53 p < 0.177
2. Group Cohesiveness	3.54 (1)	4.11 (0.38)	-1.61 p < 0.159
3. Universality	3.31 (0.57)	3.83 (0.59)	-3.06 p < 0.022**
4. Interpersonal learning – input	3.34 (0.63)	4.23 (0.33)	-3.49 p < 0.013***
5. Interpersonal learning – output	3.21 (0.52)	3.71 (0.38)	-2.00 p < 0.092*
6. Guidance	3.14 (0.41)	3.86 (0.35)	-3.29 p < 0.017***
7. Catharsis	3.60 (0.91)	4.00 (0.50)	-1.11 p < 0.309
8. Identification	2.74 (0.85)	2.88 (0.87)	-0.33 p < 0.753
9. Family re-enactment	3.54 (0.71)	3.86 (0.25)	-1.17 p < 0.286
10. Self-understanding	3.86 (0.61)	4.26 (0.32)	-2.00 p < 0.092*
11. Instillation of hope	3.63 (0.78)	3.88 (0.91)	-0.88 p < 0.412
12. Existential factors	3.66 (0.66)	4.14 (0.32)	-3.23 p < 0.018***

vidual's existential fragility. It is to be pointed out that Monday group was the most difficult group by its patient structure (it achieved the smallest individual changes at MMPI-201 and at the defence mechanisms scale), but it is also this group that made changes in the largest number of Yalom's factors.

Table 7 shows differences in Yalom's factors evaluation in the second and the fourth years of group analysis in the *Tuesday* group. Here it is evident that Tuesday group statistically much more relevant values the self-understanding experience now, after four years of group analysis, then two years before.

Table 8 shows differences in Yalom's factors evaluation, in the second and the fourth years, in *Wednesday* group. It is evident that there are no statistically relevant changes in the therapeutic factors evaluation as compared to the evaluation after the second year of group analysis.

Discussion

Upon analysing the results presented in the tables, first of all it should be noted

that there are no significant differences between the groups in their evaluation of the therapeutic factors importance, neither in the second nor in the fourth year. Differentiation is actually larger within each group (individual differences), i.e. there is larger variability within a group than between the groups (that are made and guided under the same principle – group analysis).

It is clear that, for a number of reasons, an absolute therapeutic factors hierarchy is impossible to make. Our experience with these three groups indicated the following:

- Monday group considered self-understanding (insight) as the most important factor both in the second and in the fourth year; in both stages, this group considered the identification to be the least important factor.
- Tuesday group considered universality as the most important factor in the second year and also self-understanding in the fourth; in both stages, they found identification to be the least important factor.

TABLE 7
GROUP THERAPEUTIC FACTORS' RANK IN TUESDAY GROUP

Tuesday Group	M (SD) 2 nd year	M (SD) 4 th year	t-test
1. Altruism	3.53 (0.70)	3.56 (0.61)	-0.21 p < 0.842
2. Group cohesiveness	3.73 (0.39)	4.03 (0.54)	-1.05 p < 0.343
3. Universality	3.96 (0.67)	4.16 (0.68)	-0.83 p < 0.474
4. Interpersonal learning – input	3.70 (0.56)	3.93 (0.62)	-0.88 p < 0.420
5. Interpersonal learning – output	3.23 (0.44)	3.33 (0.48)	-0.52 p < 0.524
6. Guidance	3.8 (0.84)	3.33 (0.99)	0.77 p < 0.474
7. Catharsis	3.43 (0.72)	3.73 (0.59)	-0.60 p < 0.575
8. Identification	2.47 (1.05)	2.5 (0.43)	-0.08 p < 0.983
9. Family re-enactment	3.66 (0.70)	4 (0.77)	-1.04 p < 0.347
10. Self-understanding	3.63 (0.58)	4.23 (0.29)	-2.05 p < 0.095*
11. Instillation of hope	3.93 (0.74)	3.96 (0.71)	-0.16 p < 0.876
12. Existential factors	3.93 (0.41)	4.2 (0.52)	-0.76 p < 0.484

TABLE 8
GROUP THERAPEUTIC FACTORS' RANK IN WEDNESDAY GROUP

Wednesday Group	M (SD)	M (SD)	t-test
	2 nd year	4 th year	
1. Altruism	3.69 (0.76)	3.88 (0.64)	-1.05 p < 0.334
2. Group cohesiveness	4.31 (0.67)	4.26 (0.42)	0.26 p < 0.805
3. Universality	3.68 (1.09)	3.74 (1.39)	-0.26 p < 0.801
4. Interpersonal learning – input	4.08 (0.94)	4.08 (0.89)	0 p < 1
5. Interpersonal learning – output	3.45 (0.94)	3.40 (0.85)	0.42 p < 0.689
6. Guidance	3.86 (0.67)	4.77 (3.3)	-0.76 p < 0.474
7. Catharsis	3.88 (1.35)	3.97 (1.03)	-0.30 p < 0.774
8. Identification	2.86 (1.00)	3 (1)	-0.50 p < 0.638
9. Family re-enactment	4.31 (0.76)	4.17 (0.79)	0.60 p < 0.570
10. Self-understanding	4.09 (0.97)	3.8 (0.76)	1.06 p < 0.328
11. Instillation of hope	4.26 (0.74)	4.11 (0.78)	0.40 p < 0.700
12. Existential factors	4.03 (0.43)	3.94 (0.59)	0.37 p < 0.723

- Wednesday group evaluates equally high family re-enactment and cohesiveness in the second year, preferring a little bit guidance in the fourth; this group, too, finds identification as the least important factor both in the fourth year.

The importance of almost all factors was improved in the fourth as compared to the second year, which means that the group members, in the meantime, evaluated the group as the place for achieving changes higher.

Besides self-understanding, universality, family re-enactment, cohesiveness and guidance, interpersonal learning and catharsis also obtained high marks. Other factors have been evaluated lesser, the lowest one always being identification. The importance of therapeutic factors, as compared to the second year, was »risen« most by the most difficult group, the Monday group. The Tuesday group raised the importance of self-understanding in the fourth year. The Wednesday group showed no significant shift of the

factor importance between the second and the fourth years.

The factors also showed intercorrelation, mostly of such factors as output, catharsis, family re-enactment and cohesiveness. Factor such as altruism, guidance and existential factors showed no correlation with others.

At the most important factor ranking, most often there was self-understanding. This confirms the thesis made by some authors on the importance of the insight as being proportional to the time spent in the group (as with the group analysis).

The lowest ranked factor is identification. The low rank of this factor is evident both in the earlier (second year) and the more mature (fourth year) stage of the group, so it is hard to say whether it has something to do with the basic, initial, fear from the group as a place where personal identity is being jeopardised. The patients' identity can be deemed built enough, so that there is no need for identifications. It can be speculated that the patients' structures were quite narcissistic, avoiding identification with others.

Or, is this, perhaps influenced by the very conductor's narcissism? To what extent, the members preferred identifying with the conductor that with each other? Besides these thoughts, there should not be neglected the fact that some other researches, made by other authors, (Yalom – Table 2), showed very low evaluation of identification, which was often stated as the very least important therapeutic factor. Here certainly fits the thesis made by Foulkes himself that the group, although functioning as a whole and one organism still does not stimulate resigning the individual and his identity.

Conclusion

The Yalom's positive eclecticism enabled research of group analysis. Particularly often applied is his Therapeutic Factor Q-sort, which enabled insight into the group therapeutic factors' importance. In our research, there were followed up three small analytic groups, comprising 20 patients. By self-evaluation of the 12 therapeutic factors at the end of the sec-

ond and at the end of the fourth years of group analysis, results have been obtained that showed what the group patients find the most and what as the least important.

Valuation variability showed no statistically relevant differences between the groups, which means that the groups evaluated the therapeutic factors in the same or similar way, or that the groups were composed according to rather firm principles. However, the variability was greater within each group.

Therapeutic factors that the patients found to be of the largest importance were: self-understanding, family re-enactment, cohesiveness and universality at the end of the second year; and self-understanding again and guidance at the end of the fourth year. Self-understanding is the factor most often evaluated with the highest marks.

At the end of both the second and the fourth year, all three groups evaluated identification as the least important therapeutic factor.

REFERENCES

1. ZINKIN, L., In: BROWN, D., L. ZINKIN (Eds.): The psyche and the social world: Developments in group-analytic theory. (Routledge, London, 1994).
2. DIES, R., K. R. MACKENZIE (Eds.): Advances in group psychotherapy: Integrating research and practice. (International Universities Press, New York, 1983).
3. COCHÉ, E., In: DIES, R., K. R. MACKENZIE (Eds.): Advances in group psychotherapy: Integrating research and practice. (International Universities Press, New York, 1983).
4. LIEBERMAN, M. A., In: DIES, R., K. R. MACKENZIE (Eds.): Advances in group psychotherapy: Integrating research and practice. (International Universities Press, New York, 1983).
5. YALOM, I. D.: The theory and practice of group psychotherapy. 3rd ed. (Basic Books Inc. Publishers, New York, 1985).
6. MACKENZIE, K. R., Int. J. Group Psychother., 31 (1981) 287.
7. DICK, B., In: PINES, M. (Ed.): The evaluations of group analysis. (Routledge and Kegan Paul, London, 1983).
8. SIGRELL, B., Group Analysis, 25 (1992) 333.
9. COLAMONICO, P.: Microcosmo. Il piccolo gruppo: Dinamiche, formazione, psicoterapia. (La nuova Italia scientifica, Roma, 1994).
10. MARZALI, E., H. MUNROE-BLUM, L. McCLEARY, Int. J. Group Psychother., 47 (1977) 475.
11. BLOCH, S., E. CROUCH: Therapeutic factors in group psychotherapy. (Oxford University Press, Oxford, 1985).
12. MACKENZIE, K. R., R. DIES: The CORE battery. (American Group Psychotherapy Association, New York, 1982).
13. KANAS, N.: Group therapy for schizophrenic patients. (American Psychiatric Press, Washington, 1996).

M. Vlastelica

Private psychiatric practice, Ljubićeva 10a, 21 000 Split, Croatia

PROCJENA UČINKOVITOSTI LIJEČENJA ANALITIČKOM GRUPNOM TERAPIJOM PREM YALOMSKOJ KLASIFIKACIJI

S A Ž E T A K

Autori daju procjenu terapijskih čimbenika tijekom grupnog analitičkog liječenja. U ovom istraživanju prikazani su rezultati dobiveni Yalom upitnikom koji sadržava 60 pitanja. Praćene su tri male analitičke grupe, sveukupno 20 članova grupe. Putem samoprocjene pacijenti su ocijenili svaki od 12 terapijskih čimbenika prema njihovoj važnosti. Varijabilnost rezultata odnosila se više na onu unutar svake grupe nego među grupama. Najviše rangirani terapijski čimbenici prema ocjeni članova grupe bili su: razumijevanje sebe, rekapitulacija primarne obiteljske grupe, kohezija i univerzalnost. Čimbenik identifikacije bio je najniže rangiran u sve tri grupe.