Journal of Counseling Psychology
1991, Vol. 38, No. 2, 150-158

0022-0167/91/$3.00

Endorsement of Therapeutic Factors as a Function of Stage of Group Development and Participant Interpersonal Attitudes

Dennis M. Kivlighan, Jr., and Debra C. Goldfine
Department of Educational and Counseling Psychology
University of Missouri—Columbia

Yalom's (1985) hypotheses about the relationships between group participant interpersonal style, stage of group development, and endorsement of therapeutic factors were examined. Thirty-six growth-group participants filled out critical incident forms that were classified into 1 of 10 therapeutic factors with Bloch, Reibstein, Crouch, Holroyd, & Themen's (1979) taxonomy. As hypothesized, more affiliative participants placed greater emphasis on cognitive therapeutic factors, whereas more nonaffiliative participants placed greater emphasis on behavioral factors. Also, as hypothesized, universality and hope decreased and catharsis increased over MacKenzie's (1983) initial stages of group development. Contrary to our hypotheses, guidance increased across the stages, and acceptance was important at both the engaged and individuation stages. The implications of these findings for group counseling practice, as well as recommendations for future research, are discussed.

Since Corsini and Rosenberg's (1955) seminal review of the group therapy literature, in which they developed a classification schema for the components of group counseling that were found to be linked to individual change, other researchers have pursued this important area. Yalom (1985), for instance, described a model for conceptualizing group therapy and labeled these change mechanisms "therapeutic factors" (previously called curative factors). These factors have usually been assessed through a Q-sort or questionnaire, typically at the end of a member's group therapy experience. More recently, Bloch, Reibstein, Crouch, Holroyd, & Themen (1979) revised Yalom's taxonomy using a more atheoretical framework (e.g., deleting Yalom's existential and family reenactment factors). They relied on a critical incident methodology to operationalize the factors. This critical incident methodology is more useful than questionnaires for examining the fluctuations of a factor's importance for group members, over the span of the group's existence.

Table 1 contains a list and definitions of the factors described by Bloch et al. (1979). In addition, the factors are compared with those described by Yalom (1985).

Building on the work of Corsini and Rosenberg (1955), Bloch et al. (1979) categorized the ten factors into three theoretical classes. Guidance, self-understanding, universality, and vicarious learning are classified as cognitive factors because their operation is dependent on a "thinking about" component. Altruism, learning from interpersonal actions, and self-disclosure are behavioral factors because they involve learning by doing. Finally, acceptance, catharsis, and instillation of hope are affective factors because they involve emotional expressions. Yalom (1985) hypothesized that the relative importance of a factor would vary as a function of the following: (a) the type of group setting, (b) the stage of a group's development, and (c) group member individual differences. Most research has addressed the hypothesis concerning type of group setting. Reviews of this research have shown that consistent differences exist in the relative importance of the factors as a function of group type (i.e., inpatient vs. outpatient vs. personal-growth groups) (Butler & Fuhriman, 1983; Yalom, 1985). There has been less research, however, addressing Yalom's (1985) other two hypotheses.

Three studies have examined the relationship between stage of group development and endorsement of therapeutic factors. Butler (1981) used a cross-sectional design and found that clients' perception of the importance of acceptance (cohesion), self-understanding, and learning from interpersonal actions (interpersonal learning) increased as a function of time in group. Kivlighan and Mullison (1988), using a longitudinal design and Bloch et al.'s (1979) methodology, found that universality was perceived as more important early in the group's development, whereas learning from interpersonal actions was more highly valued later in the group. In addition, the cognitive factors were more highly valued earlier in the group's development, whereas the behavioral factors were valued later. MacKenzie (1987), using an idiosyncratic grouping of Bloch et al.'s (1979) factors, found that "nonspecific" factors, (acceptance, instillation of hope, universality) had greater endorsement early in the group's development, and "therapeutic work" factors (self-understanding, learning from interpersonal actions, and vicarious learning) had greater endorsement later.

Methodological and design problems, however, limit the generalizability of the findings from these three studies. One particular problem was the authors' equating of stages of group development with the passage of time. It has been difficult to test Yalom's (1985) hypothesis because there are few valid empirical measures for operationalizing group stages. One recent exception is MacKenzie's (1983) use of the Group Climate Questionnaire (GCQ) to define the initial three stages of his five-stage model of group development. MacKenzie's model includes the following five stages: en-

We gratefully acknowledge the assistance of Michael J. Patton for his helpful comments on earlier drafts of this article.

Correspondence concerning this article should be addressed to Dennis M. Kivlighan, Jr., Department of Educational and Counseling Psychology, 16 Hill Hall, University of Missouri, Columbia, Missouri 65211.

Table 1
Definitions of Bloch, Reibstein, Crouch, Holroyd, & Themen's (1979) Ten Therapeutic Factor Categories and Comparison With Yalom's (1985) Categories

Bloch et al.'s (1979) factors/ Yalom's (1985) factors	Class	Definition
Acceptance/group cohesion	Affective	Client feels valued, supported, understood, cared for, and/or a sense of belonging in the group.
Altruism	Behavioral	Client feels better about himself/herself through helping other group members.
Catharsis	Affective	Client feels relieved through the ventilation of feelings about life events or other members.
Guidance	Cognitive	Client receives useful information or advice from others.
Instillation of hope	Affective	Client gains a sense of optimism about his/her progress or potential progress.
Learning from interpersonal actions/ interpersonal learning	Behavioral	Client attempts to relate constructively and adaptively with other members in the group.
Self-disclosure	Behavioral	Client reveals personal information to the group.
Self-understanding	Cognitive	Client learns something important about himself/herself.
Universality	Cognitive	Client recognizes that his/her problems are shared or similar to other group members.
Vicarious learning	Cognitive	Client experiences something of value for himself/herself through observation of other group members.

gaged, differentiation, individuation, intimacy, and mutuality. In this study we are only concerned with MacKenzie's (1983) first three stages of development because the GCQ can identify only these stages and because our clinical experience suggested that groups such as those in this study seldom advance past the individuation stage. MacKenzie described the fundamental task of the engaged stage as resolving the issue of member commitment and participation. The task of the differentiation stage is the acknowledgment of differences among the group members. In the individuation stage, a deeper appreciation of each member's complexity is developed through active interpersonal challenge in a supportive atmosphere.

Yalom (1985) offered only a few hypotheses linking specific therapeutic factors to group developmental stages. Specifically, he proposed that guidance, instillation of hope, and universality would be more highly valued in the early stages of a group's development and that altruism and cohesion would be consistently important to members throughout the group's existence. Burton (1982), however, developed a model that specifies the relationship between all the therapeutic factors and the initial three stages of group development. Specifically, he suggested that instillation of hope, universality, and guidance would predominate in the group's first stage (engaged); vicarious learning, self disclosure, and learning from interpersonal actions would predominate in the group's second stage (differentiation); and altrusim, catharsis, acceptance, and self-understanding would predominate in the group's third stage (individuation). On the basis of Burton's (1982) writing, we hypothesized that (a) universality, instillation of hope, and guidance would show a linear decrease in the number of incidents reported across the three stages of group development (i.e., more critical incidents classified in these areas in the engaged stage and fewer critical incidents reported in the differentiation and individuation stages); (b) altruism, catharsis, acceptance, and self-understanding would show a linear increase in the number of incidents reported across the three stages (i.e., fewer reports in the engaged and differentiation stages and more reports in the individuation stage); and (c) vicarious learning, learning from interpersonal actions, and self-disclosure would show a quadratic relationship across the three stages (i.e., fewer critical incidents reported in these factors in the engaged and individuation stages and more reports of such incidents in the differentiation stage.)

As noted in the preceding passages, Yalom's (1985) hypothesis linking individual difference variables to endorsement of therapeutic factors has also received little research attention. Yalom (1985) reported that age, sex, and educational level did not appear to be related to the value clients attached to the factors. Yalom found that several individual difference variables were related to clients' perceptions of the factors; these variables were the following: (a) level of functioning (Butler and Fuhriman, 1983; Leszcz, Yalom, & Norden, 1985); (b) client diagnosis (Kansas & Barr, 1982a, 1982b, 1987; MacAskill, 1982); and (c) problem type (Bonney, Randall, & Cleveland, 1986; Stern, Plionis, & Kaslow, 1984). Unfortunately, these variables have often been confounded with type of group.

There is growing support for the notion that client interpersonal style (behaviors and attitudes) affects therapy process and outcome (Filak, Abeles, & Norquist, 1986; Henry, Schacht, & Strupp, 1986; Nocita & Stiles, 1986). In addition, client interpersonal style can be theoretically linked to endorsement of therapeutic factors. According to Kiesler (1983), interpersonal style can be characterized on the dimensions of affiliation and control. More-affiliative group members have a more action/involved interpersonal or behavioral style. For these more-affiliative group members, cognitive therapeutic factors that represent reflection and self-examination would be indicative of increased learning. Less-affiliative participants have a more reflective, noninvolved, or cognitive interpersonal style. Behavioral factors would indicate increased learning because these factors represent a more active, involved style. Participants who are high in control (dominant) are less emotional or affective, whereas low-control (submissive) par-

ticipants are more emotional or affective. Increased learning would be indicated by high reports of affective factors by the dominant participants and low reports of these factors by the submissive participants. To summarize, we hypothesized that: (a) more-affiliative participants would report more critical incidents classified as cognitive factors, (b) less-affiliative participants would report more critical incidents classified as behavioral factors, and (c) more-dominant participants would report more critical incidents classified as affective factors.

Method

Participants

The participants were 14 male and 22 female students at a large midwestern university enrolled in an elective class on group processes during the 1987 winter semester. Their ages ranged from 20 to 36 years ($M = 24.1$, $SD = 2.1$). Participation in a personal-growth group was held in conjunction with a lecture and was one of several class requirements. Each group contained 6 members. Assignment to group was done in such a way as to maximize sex, age, and life-experience diversity. Participation in this research was not a class requirement. All group members signed statements of informed consent to participate in the study.

Group Leaders and Group Processes

Groups were facilitated by graduate students in counseling psychology who were enrolled in a group therapy practicum. There were 2 male and 4 female leaders, ranging in age from 27 to 35 years. As a prerequisite to this practicum, group leaders had satisfactorily completed two courses in group theory and one group practicum. The experience of the leaders varied, with most being relatively novice, having had either one or two group-facilitation experiences. Group leaders were supervised during the study, both individually and in a group, for approximately 1.5 and 4.0 hours respectively, per week.

Measures

Critical Incidents Questionnaire (CIQ). The CIQ was used to assess the most important event for group participants during each session. The questionnaire read as follows: "Of the events which occurred in this session, which one do you feel was the most important to/for you personally? Describe the event: what actually took place, the group members involved, and your own reaction. Why was it important for you?"

Reliabilities for the three pairs of judges used in Bloch and Reibstein's (1980) studies for the ten therapeutic factor categories were .62, .60, and .52; all values (Cohen's kappa) were significant at $p < .001$. Kivlighan and Mullison (1988) reported Cohen's kappas, for three pairs of judges, of .72, .70, and .65, all significant at $p < .001$. With sufficient training of rates, interrater reliabilities for the measure appear adequate. The raters in this study, who were unaware of the research hypotheses, participant interpersonal style, and the stage in which the critical incident was obtained, were trained to a criterion level of agreement (90%). Approximately 10 hours of training were required to reach this level of agreement.

As Bloch et al. (1979) pointed out, therre is no direct means with which to assess validity of the Critical Incidents Questionnaire other than face validity. In their study, the judges readily understood the coding method and found that the coding manual made sense. Definitions and criteria for the factors were clear, the only exceptions being events that did not contain enough information or events that seemed to have no therapeutic value. In addition, the therapeutic factor categories used in Bloch et al.'s study are similar to other classification schemata (e.g., Mahrer & Nadler, 1986). Finally, these categories related, in theoretically meaningful ways, to time in group and participants' interpersonal style (Kivlighan & Mullison, 1988).

Interpersonal Checklist (ICL). The ICL (Leary, 1957), contains 128 adjectives originally intended to correspond to 8 or 16 interpersonal styles, depending on the level of analysis. Two major factors, control (dominant–submissive) and affiliation (love–hate), undergird the circular ordering of the ICL items. Quadrant 1 refers to a friendly-dominant style; Quadrant 2 refers to a hostile-dominant style; Quadrant 3 refers to a hostile–submissive style; and Quadrant 4 refers to a friendly–submissive style. Ratings of an individual's response to the items on the checklist yield a categorization of that person's predominant interpersonal style. Studies done on the development of Form IV of the ICL contain an average test–retest reliability of .78. Interoctant correlations ranged from .60 for octants adjacent to each other to .11 for octants opposite each other (Laforge & Suczek, 1955). In addition, the ICL has been used in other investigations of client interpersonal style (Filak et al., 1986). As suggested by Laforge and Suczek, participants were categorized as friendly if their affiliation score was greater than zero and as hostile if their affiliation score was less than zero. Likewise, participants were classified as dominant if their control score was greater than zero and as submissive if their control score was less than zero. With these cutoffs there were 10 friendly–dominant; 9 friendly–submissive; 9 hostile–submissive; and 8 hostile–dominant participants.

Group Climate Questionnaire—Short Form (GCQ–S). *Group climate*, defined as a participant's perception of the group atmosphere, was measured with the short form of the GCQ–S, developed by MacKenzie (1983). The GCQ-S includes 12 items reported on 6-point Likert scales indicating degree of agreement ranging from *not at all* (1) to *extremely* (6). Factor analysis of these items resulted in the development of three scales: Engagement (degree of cohesion and work orientation in the group), Avoidance (the degree to which individuals rely on the other group members or leaders), and Conflict (interpersonal conflict and distrust). Interscale correlations were −0.44, Avoidance and Engagement; −0.18, Conflict and Engagement; and 0.30, Conflict and Avoidance, (MacKenzie 1983). Sample GCQ–S items include the following: "The members tried to understand why they do the things they do, tried to reason it out" (Engagement); "The members avoided looking at important issues going on between themselves" (Avoidance); and "There was friction and anger between the members" (Conflict). Researchers have used the GCQ in studies to assess climate differences across groups (Kanas & Barr, 1986; MacKenzie, Dies, Coche, Rutan, & Stone, 1987). In this study, coefficient alphas for the three scales were .94, Engagement; .92, Avoidance; and .88, Conflict.

Procedure

Groups met for an hour and a half twice a week for 13 weeks in a total of 26 sessions. Prior to a group's inception, participants filled out consent forms and the ICL (LaForge & Suczek, 1955). After each group session, participants filled out the CIQ (Bloch et al., 1979) and the GCQ–S (MacKenzie, 1983). The data were collected by the course instructor at a set date during midsemester and again during the next-to-last week of class. Because data were not collected immediately after each session, this procedure created the possibility of inconsistent reporting of critical incidents by the group participants. Martin and Stelmazonek (1988), however, found that clients in individual coun-

seling were able to accurately report important events from counseling sessions up to 6 months after termination.

Bloch et al.'s (1979) manual was used to train 3 undergraduates to classify critical incidents into therapeutic factors categories. The 3 undergraduates independently categorized each critical incident into one of the ten therapeutic factors. Final classification of an incident was determined when two of the three raters agreed on a category. On 97% of the critical incidents forms, two of the three raters agreed on placement of categories. For the remaining 3%, placement in a category was determined by discussion among raters. For this study, Cohen's kappas for the three pairs of judges were .82, .83, and .79, $p < .001$.

MacKenzie (1983) described how the GCQ could be used to identify the first three stages of group development. Six judges (3 doctoral level counseling psychologists and 3 counseling psychology doctoral students) identified the stages for the groups in this study. All judges had previous experience with the GCQ. Judges were given copies of MacKenzie's (1983) chapter to reread and copies of the graphs of the Engagement, Avoidance, and Conflict scales for the six groups. Judges were asked to indicate the sessions that signaled the beginning of the second stage (differentiation) and the third stage (individuation) for each group.

In identifying the session that signified the beginning of the second stage, all six judges agreed on the session for one group, five of the six judges agreed on this session for another group, and four of the six judges agreed on this session in the remaining groups. This resulted in a 75% agreement percentage. In identifying the session that signified the beginning of the third stage, all six judges agreed for three groups, five of the six judges agreed for one group, and four of the six judges agreed on this session in the remaining two groups. The agreement for identifying this session was 86%. We believed that these levels of agreement were acceptable, given the somewhat amorphous nature of group stages. Once the stages were identified, each participant's score on the GCQ–S and the CIQ were averaged within the three stages for his or her particular group. For the six groups, the mean session numbers for the beginning of the second and third stages were 12.3 (range = 7 to 15) and 17.7 (range = 12 to 23), respectively.

Data Analysis

Proportions of critical incident reports for a therapeutic factor were calculated for each participant, by summing the number of times the participant's critical incidents for a stage were classified as a particular factor and dividing this sum by the total number of critical incidents reported for the stage. This procedure was repeated for each factor for each of the three stages.

We tested the hypotheses that the proportion of critical incidents classified into therapeutic factors would be related to participants' interpersonal styles and the stage of group development. We used a separate repeated measures multivariable analysis of variance (MANOVA) for each of the three stages, in a 2 (control: high vs. low) × 2 (affiliation: high vs. low) design. For the cognitive factors, the percentage of critical incidents classified as self-understanding, vicarious learning, guidance, and universality were the multiple dependent variables. For the affective factors, the percentage of critical incidents classified as acceptance, instillation of hope, and catharsis were the multiple dependent variables. For the behavioral factors, the percentage of critical incidents classified as self-disclosure from interpersonal actions, and altruism were the multiple dependent variables. The use of proportional data violates one of the assumptions of MANOVAs. However, MANOVAs have often been used with this type of data, because this assumption is not a critical one (e.g., Thompson, 1986). In addition, the MANOVA procedure allowed us to test both multivariate and univariate hypotheses that were critical in this investigation.

Results

Preliminary Analyses

The design used in this study has been classified by Gelso (1979) as a correlational analogue. Accordingly, questions may arise concerning the generalizability of the findings to more therapeutically oriented groups. To address these questions of generalizability, preliminary analyses were performed to examine the relationship between the data collected in this study and data available from studies with more clinical populations.

We compared the relative rankings of the therapeutic factors for the participants in the personal-growth groups in this study with the rankings of patients in Bloch and Reibstein's (1980) outpatient therapy groups, using a Spearman rank-order correlation. There was a significant relationship ($r_s = .73$, $p < .01$) between the relative rankings of the two populations. In addition, a multivariate t test revealed no difference between the paricipants in the two studies on the ten factors. These results suggest that the critical incident reports by participants in the personal-growth groups and the therapy groups were classified into a similar set of therapeutic factors.

Next, the group climate data from this study were compared with the normative group climate data from the sample reported in MacKenzie (1983). A multivariate t test comparing the scores for the two populations on the Engagement, Avoidance, and Conflict scales was not significant. This result suggests that the groups in this study and the psychotherapy groups of neurotic and characterological patients reported by MacKenzie (1983) had similar group climates.

Because the participants were not randomly assigned to groups, it was also important to examine possible selection effects. To do this, we compared the six personal growth groups on perceptions of group climate across the three stages of group development. In addition, as a check on the adequacy of the judges' identification of stages, it was important to ascertain whether the groups differed in group climate over the three stages identified. MacKenzie (1983) and MacKenzie and Livesley (1983) suggested that engagement would increase linearly, avoidance would decrease linearly, and conflict would increase and then decrease (quadratically) over the three stages of group development. To examine differences in group climate, we used separate repeated measures MANOVAs for each scale (engaged, differentiation, and individuation) in a 6 (group) × 3 (scale: Engagement vs. Avoidance vs. Conflict design.) Table 2 contains the means and standard deviations for the Engagement, Avoidance, and Conflict scales of the GCQ for the three stages. For the Engagement scale, the main effect for group and the Group × Stage interaction effects were not significant. The main effect for stage was significant, Pillai's $F(3, 32) = 8.75$, $p < .001$. Examination of the univariate effects revealed that the linear component was significant, $F(1, 34) = 12.97$, $p < .001$. These results indicated that there were no differences among the six groups in En-

gagement scale scores, and that the groups, as a whole, had a linear increase in Engagement scores. For the Avoidance scale, the main effect for group, and the Group × Stage interaction effects were not significant. The main effect for stage was significant, Pillai's $F(3, 32) = 5.25$, $p < .01$. Examination of the univariate effects revealed that the linear component was significant $F(1, 34) = 7.61$, $p < .01$. There were no between-group differences in the Avoidance scale scores, and the groups, as a whole, had a linear decrease in Avoidance scale scores. For the Conflict scale, the main effect for group and the Group × Stage interaction effect were not significant. The main effect for stage was significant, Pillai's $F(3, 32) = 5.33$, $p < .05$. Examination of the univariate effects revealed that the quadratic component was significant $F(1, 34) = 5.07$, $p < .05$. Although the six groups did not differ in perceived conflict, the groups showed a similar pattern of conflict development, with low to moderate levels of conflict during engaged stages and individuation and higher levels of conflict during the differentiation stage.

In a final set of preliminary analyses, group and gender differences in the classification of critical incidents into therapeutic factors were examined. We used a 2 (gender) × 6 (group) MANOVA to examine group differences in endorsement of therapeutic factors. Overall percentages of critical incidents reported for the ten therapeutic factor categories (self-understanding, self-disclosure, learning from interpersonal actions, acceptance, instillation of hope, vicarious learning, universality, altruism, catharsis, and guidance) were the multiple dependent variables in this analysis. The multivariate main effects for group and sex and the Group × Sex interaction effect were not significant. The results suggested that the percentage of critical incidents classified into the therapeutic factor categories was not a function of group membership or participant gender.

Taken together these results suggest that the six groups were similar in perception of climate. Also, there were no group or gender differences in the report of critical incidents. Therapeutic factor data were therefore collapsed across groups and sex for the main analyses.

Table 2
Means and Standard Deviations for the Engagement, Avoidance, and Conflict Scales of the Group Climate Questionnaire—Short Form During the Engaged, Differentiation, and Individuation Stages of Group Development

Group Climate Questionnaire—Short Form	Stage of group development					
	Engaged		Differentiation		Individuation	
	M	*SD*	*M*	*SD*	*M*	*SD*
Engagement scale	17.40	3.07	18.91	3.12	19.73	3.23
Avoidance scale	6.47	3.64	6.23	2.83	5.01	2.82
Conflict scale	2.13	1.67	5.00	9.47	2.66	1.72

Note. $N = 36$. The Engagement (5 items), Avoidance (3 items), and Conflict (3 items) scale scores represent the sum of the respective items rated on 6-point scales ranging from *strongly disagree* (1) to *strongly agree* (6).

Main Analyses

Cognitive factors. We hypothesized that universality and guidance would show a linear decrease, that self-understanding would show a linear increase, and that vicarious learning would show a quadratic relationship, over the stages of group development. We also hypothesized that more affiliative than nonaffiliative participants would report more cognitive therapeutic factors. A 2 × 2 (Affiliation × Control) repeated measures (engaged, differentiation, and individuation stages) MANOVA was used to examine differences in participants' reports of cognitive therapeutic factors (self-understanding, vicarious learning, guidance, and universality). The proportion of critical incidents classified into cognitive categories and the associated standard deviations are presented in Table 3. The main effect for control and the interaction effects for Control × Affiliation, Control × Stage, Affiliation × Stage, and Control × Affiliation × Stage, were not significant (all Fs < 1.04, all ps $> .10$). The main effect for affiliation was significant, $F(4, 31) = 5.17$, $p < .05$. Examination of the univariate effects revealed that there were significant main effects on affiliation for universality, $F(1, 34) = 7.96$, $p < .05$, and vicarious learning, $F(1, 34) = 3.98$, $p < .05$. There was also a significant main effect for stage, Pillai's $F(8, 27) = 4.66$, $p < .05$. Univariate analyses revealed significant linear effects for guidance, $F(1, 34) = 4.05$, $p < .05$, and universality, $F(1, 34) = 6.00$, $p < .05$. Guidance showed a linear increase, whereas universality showed a linear decrease, over the three stages. As hypothesized, more affiliative participants recorded a greater number of cognitive therapeutic factors. Also as hypothesized, the reports of critical incidents classified as universality decreased over the three stages. Guidance was related to stage of group development but in the opposite direction to that hypothesized. The hypothesized relationships between (a) vicarious learning and self-understanding and (b) stage of group development were not supported.

Behavioral factors. The hypotheses that altruism would show a linear increase, that learning from interpersonal actions and self-disclosure would be quadratically related to stage or group development, and that affiliative participants would record fewer behavioral factors than nonaffiliative participants were tested with a 2 × 2 (Affiliation × Control) repeated measures (engaged, differentiation, and individuation stage) MANOVA. Self-disclosure, learning from interpersonal actions, and altruism were the multiple dependent measures in this analysis. The proportion of critical incidents classified into the behavioral categories and standard deviations are presented in Table 4. The main effects for control and stage, the two-way interactions for Control × Stage, Affiliation × Stage, and Affiliation × Control, and the three-way interaction for Control × Affiliation × Stage were not significant (all Fs < 1.21, all Ps $> .10$). The main effect for affiliation was significant, $F(3, 32) = 4.28$, $p < .05$. Examination of the univariate effects revealed a significant main effect for affiliation on learning from interpersonal actions, $F(1, 34) = p < .05$. We also examined the univariate effects for stage of development, none of which were significant. As hypothesized, less-affiliative participants recorded more behavioral factors, especially learning from interpersonal ac-

Table 3
Proportion of Reports of Critical Incidents and Standard Deviations for the Cognitive Class of Therapeutic Factors by Participant Control and Affiliation for the Engaged, Differentiation, and Individuation Stages of Group Development

Stage of group development/ cognitive class of therapeutic factors	Participant Control × Affiliation							
	Friendly–dominant		Friendly–submissive		Hostile–dominant		Hostile–submissive	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Engaged								
Self-understanding	.28	.17	.08	.12	.12	.14	.21	.09
Vicarious learning	.16	.16	.21	.17	.06	.07	.05	.18
Guidance	.00	.00	.02	.05	.04	.07	.00	.00
Universality	.18	.12	.14	.13	.21	.10	.10	.12
Differentiation								
Self-understanding	.20	.18	.13	.15	.13	.13	.16	.15
Vicarious learning	.28	.22	.07	.09	.08	.10	.21	.15
Guidance	.00	.08	.07	.13	.05	.06	.02	.07
Universality	.21	.17	.13	.17	.03	.06	.03	.07
Individuation								
Self-understanding	.17	.14	.15	.10	.15	.16	.18	.10
Vicarious learning	.13	.08	.18	.09	.11	.08	.08	.04
Guidance	.03	.07	.04	.09	.10	.09	.02	.05
Universality	.07	.09	.12	.10	.04	.04	.06	.06

Note. $N = 36$. Friendly–dominant = high control/high affiliation; friendly–submissive = low control/high affiliation; hostile–dominant = high control/low affiliation; hostile–submissive = low control/low affiliation. The proportions for each group at each stage sum to approximately 1.0 over Tables 3, 4, and 5.

tions. Contrary to our hypothesis, there was no significant effect for time on the number of behavioral factors reported.

Affective factors. Finally, we hypothesized that hope would decrease linearly and that catharsis and acceptance would increase linearly over the stages of group development. In addition, we hypothesized that more-dominant participants would record more affective factors. To examine differences in participant report of affective factors, a 2 × 2 (Affiliation × Control) repeated measures (engaged, differentiation, and individuation stages) MANOVA. Acceptance, instillation of hope, and catharsis were the multiple dependent measures in this analysis. Table 5 contains the proportion of critical incidents classified as affective factors, along with the standard deviations.

The main effects for control and affiliation, the two-way interactions for Control × Stage and Affiliation × Stage, and

Table 4
Proportion of Reports of Critical Incidents and Standard Deviations for the Behavioral Class of Therapeutic Factors by Participant Control and Affiliation for the Engaged, Differentiation, and Individuation Stages of Group Development

Stage of group development/ behavioral class of therapeutic factors	Participant Control × Affiliation							
	Friendly–dominant		Friendly–submissive		Hostile–dominant		Hostile–submissive	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Engaged								
Self-disclosure	.00	.00	.15	.14	.10	.12	.09	.10
Learning from interpersonal actions	.11	.08	.03	.05	.17	.07	.14	.09
Altruism	.04	.03	.03	.02	.10	.07	.06	.06
Differentiation								
Self-disclosure	.04	.10	.10	.13	.13	.14	.05	.07
Learning from interpersonal actions	.11	.10	.10	.10	.14	.09	.13	.11
Altruism	.08	.07	.06	.08	.11	.11	.08	.06
Individuation								
Self-disclosure	.09	.11	.11	.11	.11	.10	.04	.05
Learning from interpersonal actions	.10	.09	.11	.09	.10	.13	.15	.11
Altruism	.08	.09	.07	.07	.07	.09	.16	.18

Note. $N = 36$. Friendly–dominant = high control/high affiliation; friendly–submissive = low control/high affiliation; hostile–dominant = high control/low affiliation; hostile–submissive = low control/low affiliation. The proportions for each group at each stage sum to approximately 1.0 over Tables 3, 4, and 5.

the three-way interaction for Affiliation × Control × Stage were not significant (all Fs < 1.21, all ps > .10). The main effect for stage was significant, $F(6, 29) = 4.97$, $p < .05$. Univariate analyses revealed significant linear effects for catharsis, $F(1, 34) = 6.12$, $p < .05$, and hope, $F(1, 34) = 12.16$, $p < .01$, and a significant quadratic effect for acceptance $F(1, 34) = 5.23$, $p < .05$. As hypothesized, hope decreased and catharsis increased linearly over the three stages. The two-way interaction for Control × Affiliation was significant, $F(3, 32) = 5.51$, $p < .05$. Examination of the univariate effects revealed a significant two-way interaction (Affiliation × Control) effect for acceptance, $F(1, 34) = 5.32$, $p < .05$. Friendly–submissive (high-affiliation, low-control) and hostile–dominant (low-affiliation, high-control) participants recorded more acceptance.

Discussion

To assess the generalizability of the results, we compared the training groups in this study with published reports of clinical groups. Comparison with reported results suggest that the training groups in this study are similar to therapeutically oriented groups along several dimensions.

Analyses also confirmed expected group climate differences in the stages identified by the judges. During the first stage of group development, the Engagement scale and Conflict scale scores were relatively low, and the Avoidance scale scores were relatively high. MacKenzie (1983) describes this as the engaged stage, during which group members deal with involvement and commitment issues. In the middle period of group development the Engagement scale and Avoidance scale scores were at a moderate level, whereas the Conflict scale scores were relatively high. MacKenzie would characterize this as the Differentiation stage, in which group members deal with issues of power and control. During the third stage of group development, the Engagement scale score was relatively high, and the Avoidance scale and Conflict scale scores were relatively low. These characteristics correspond to MacKenzie's individuation stage, in which members begin to explore personal issues.

For five of the ten therapeutic factors there was a significant relationship between the proportion of factors recorded and the stage of group development. Three of these relationships were in the predicted direction. As hypothesized, hope and universality predominated in the engaged stage of group development. This suggests that engendering initial feelings of hopefulness and universality is an important aspect of early group development. Also, as hypothesized, catharsis increased across the stages, reaching its highest level during the individuation stage of group development. These data suggest that when members begin to explore their personal issues during the individuation stage, they can begin to obtain some emotional relief.

Burton (1982) suggested that guidance would be most important during the engaged stage of group development. We found, however, that guidance increased, reaching its highest level during the individuation stage. We suspect that the absolute level of advice and suggestion, which constitutes guidance, probably did not increase over the stages. Rather, participants found advice and suggestion more helpful and recorded them as critical incidents when they were directed in a more personal (individuation stage) as opposed to a more general (engaged stage) way.

Burton (1982) also suggested that acceptance would increase across the three stages of group development. We found high proportions of acceptance during the engaged and individuation stages of group development. Our data suggest that acceptance is important for members not only when they are

Table 5
Proportion of Reports of Critical Incidents and Standard Deviations for the Affective Class of Therapeutic Factors by Participant Control and Affiliation for the Engaged Differentiation, and Individuation Stages of Group Development

Stage of group development/ affective class of therapeutic factors	Participant Control × Affiliation							
	Friendly–dominant		Friendly–submissive		Hostile–dominant		Hostile–submissive	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Engaged								
Acceptance	.06	.05	.26	.15	.21	.12	.12	.08
Hope	.05	.05	.16	.12	.07	.06	.08	.07
Catharsis	.02	.02	.00	.00	.05	.02	.02	.04
Differentiation								
Acceptance	.02	.03	.09	.08	.07	.09	.06	.04
Hope	.00	.00	.02	.05	.08	.06	.04	.05
Catharsis	.06	.09	.19	.18	.10	.11	.09	.11
Individuation								
Acceptance	.18	.18	.15	.11	.12	.09	.08	.04
Hope	.01	.02	.02	.06	.01	.03	.01	.04
Catharsis	.03	.03	.02	.04	.07	.05	.06	.06

Note. $N = 36$. Friendly–dominant = high control/high affiliation; friendly–submissive = low control/high affiliation; hostile–dominant = high control/low affiliation; hostile–submissive = low control/low affiliation. The proportions for each group at each stage sum to approximately 1.0 over Tables 3, 4, and 5.

exploring personal issues (individuation stage) but also when they are making an initial commitment to the group (engaged stage).

Self-understanding, vicarious learning, learning from interpersonal actions, altruism, and self-disclosure were not related to stage of group development. One possible explanation for this result is our definition of stages. Many stage theories propose four or more stages of group development (e.g., Tuckman, 1965). We chose a three-stage model mainly because a validated instrument (GCQ) existed that could be used to define stages and our clinical experience with these types of groups. With a more complex stage model, however, other relationships between factors and stages might emerge. Testing of more complex stage models, however, is predicated on the development of reliable methods of stage identification.

We also hypothesized that affiliative participants would report more critical incidents classified as cognitive factors and that nonaffiliative participants would report more incidents classified as behavioral factors. Both of these hypotheses were supported. These findings replicate those of Kivlighan and Mullison (1988) and provide support for interpersonal theories.

The hypothesized relationship between participant dominance and reporting of affective therapeutic factors was not supported. There was, however, an interaction between a participant's affiliative and control orientation and his or her report of affective factors. Specifically, friendly–submissive and hostile–dominant participants reported more acceptance than did friendly–dominant or hostile–submissive participants. That hostile–dominant participants would report acceptance in group therapy makes sense in the context of interpersonal theory. Hostile–dominant individuals usually push others away, placing little emphasis on relationships. The group gives these participants a chance to act in a new ways with the other members, and consequently they may value acceptance as an indication of their new learning experience. Friendly–submissive participants enter the group already emphasizing the need for acceptance. Kiesler (1983) argues that a friendly–submissive style is designed to elicit others' acceptance and approval. These results suggest that the friendly–submissive participants may not have had as beneficial an experience in the group. Perhaps the group leaders acted in a more friendly–dominant manner and the friendly–submissive participants were not forced to attempt different styles of relating.

In summary, group participants with different interpersonal styles value different aspects of the group experience. For the most part, these differences can be explained from an interpersonal perspective (Kiesler, 1983; Yalom, 1985). Group leaders can assess participants' interpersonal styles and can structure interventions to emphasize different therapeutic factors for different participants. Group leaders may want to ask more affiliative participants to reflect on or think about their experiences. With more nonaffiliative participants, group leaders may want to emphasize behavioral practice and risk-taking. There are also implications for leader behavior as a function of stage of group development. Leaders may want to emphasize hope, universality, and acceptance during the engaged stage. Then they may want to shift their focus on catharsis, while maintaining a focus on acceptance, during the individuation stage.

This study suggests a number of areas for future research. First, is there a relationship between endorsement of therapeutic factors, interpersonal style, and outcome? For instance, do affiliative participants who report more cognitive factors have better outcomes than affiliative participants who report fewer cognitive factors? Second, what is the relationship between group leader behavior and participant endorsement of therapeutic factors? Finally, more investigations addressing the interaction between participant interpersonal style and stage of group development on the report of therapeutic factors are needed, perhaps with more complex models of group development.

References

Bloch, S., & Reibstein, J. (1980). Perceptions by patients and therapists of therapeutic factors in group psychotherapy. *British Journal of Psychiatry, 137*, 274–278.

Bloch, S., Reibstein, J., Crouch, E., Holroyd, P., & Themen, J. (1979). A method for the study of therapeutic factors in group psychotherapy. *British Journal of Psychiatry, 134*, 257–263.

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.

Burton, R. L. (1982). Group process demystified. In J. W. Pfeiffer & L. D. Goodstein (Eds.), *The 1982 annual for facilitators, trainers, and consultants* (pp. 190–197). San Diego, CA: University Associates.

Butler, T. (1981). Level of functioning and length of time in treatment: Variables influencing patients' therapeutic experience in group psychotherapy. (Doctoral dissertation, University of Utah, 1981). *Dissertation Abstracts International, 41*, 2749-B.

Butler, T., & Fuhriman, A. (1983). Curative factors in group therapy: A review of the recent literature. *Small Group Behavior, 14*, 131–142.

Corsini, R., & Rosenberg, B. (1955). Mechanisms of group psychotherapy: Processes and dynamics. *Journal of Abnormal Social Psychology, 51*, 406–411.

Filak, J., Abeles, N., & Norquist, S. (1986). Clients' pretherapy interpersonal attitudes and psychotherapy outcome. *Professional Psychology: Research and Practice, 17*, 217–222.

Gelso, C. J. (1979). Research in counseling: Methodological and professional issues. *The Counseling Psychologist, 8*(3), 7–35.

Henry, W. P., Schacht, T. E., & Strupp, H. H. (1986). Structural analysis of social behavior. Application to a study of interpersonal process in differential psychotherapeutic outcome. *Journal of Consulting and Clinical Psychology, 54*, 27–31.

Kanas, N., & Barr, M. (1982a). Outpatient alcoholics view group therapy. *Group, 6*, 17–20.

Kanas, N., & Barr, M. A. (1982b). Short-term homogeneous group therapy for schizophrenic inpatients: A questionnaire evaluation. *Group, 6*, 32–38.

Kanas, N., & Barr, M. A. (1986). Process and content in a short-term inpatient schizophrenic group. *Small Group Behavior, 17*, 355–363.

Kiesler, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarity in human transactions. *Psychological Review, 90*, 185–214.

Kivlighan, D. M., & 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.

Laforge, R., & Suczek, R. T. (1955). The interpersonal dimensions of personality: An interpersonal checklist. *Journal of Personality, 24,* 94–112.

Leary, T. (1957). *Interpersonal diagnosis of personality.* New York: Ronald.

Leszcz, M., Yalom, I., & Norden, M. (1985). The value of inpatient group psychotherapy: Patients' perceptions. *International Journal of Group Psychotherapy, 35,* 411–433.

MacAskill, N. O. (1982). Therapeutic factors in group therapy with borderline patients. *International Journal of Psychotherapy, 32,* 61–73.

MacKenzie, K. R. (1983). The clinical application of a group climate measure. In R. R. Dies & K. R. MacKenzie (Eds.) *Advances in group psychotherapy: Integrating research and practice* (pp. 159–170). Madison, CT: International Universities Press.

MacKenzie, K. R. (1987). Therapeutic factors in group psychotherapy: A contemporary view. *Group, 11,* 26–34.

MacKenzie, K. R., Dies, R., Coche, E., Rutan, J. S., & Stone, W. N. (1987). An analysis of AGPA Institute groups. *International Journal of Group Psychotherapy, 37,* 55–74.

MacKenzie, K. R., & Livesley, W. J. (1983). A developmental model for brief group therapy. In R. R. Dies, & K. R. MacKenzie, (Eds.), *Advances in group psychotherapy: Integrating research and practice.* Madison, CT: International Universities Press.

Mahrer, A. R., & Nadler, W. P. (1986). Good moments in psychotherapy: A preliminary review, a list, and some promising research avenues. *Journal of Consulting and Clinical Psychology, 54,* 10–15.

Martin, J., & Stelmazonek, K. (1988). Participants' identification and recall of important events in counseling. *Journal of Counseling Psychology, 35,* 385–390.

Nocita, A., & Stiles, W. B. (1986). Client introversion and counseling session impact. *Journal of Counseling Psychology, 33,* 235–241.

Stern, M. J., Plionis, E., & Kaslow, G. (1984). Group process expectations and outcome with post-myocardial infarction patients. *General Hospital Psychiatry, 6,* 101–108.

Thompson, A. P. (1986). Changes in counseling skills during graduate and undergraduate study. *Journal of Counseling Psychology, 33,* 65–72.

Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin, 63,* 384–399.

Yalom, I. D. (1985). *The theory and practice of group psychotherapy.* New York: Basic Books.

Received December 18, 1989
Revision received October 29, 1990
Accepted October 31, 1990 ■