（原著第6版）

# 团体心理治疗

## 理论与实践

注 释


THE THEORY AND
PRACTICE OF GROUP
PSYCHOTHERAPY

# 注　释

Group Psychotherapy

## 第 1 章　疗效因子

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1. How often do you think your group should meet?
2. How well do you like the group you are in?
3. If most of the members of your group decided to dissolve the group by leaving, would you like an opportunity to dissuade them?
4. Do you feel that working with the group you are in will enable you to attain most of your goals in therapy?
5. If you could replace members of your group with other ideal group members, how many would you exchange (exclusive of group therapists)?
6. To what degree do you feel that you are included by the group in the group’s activities?
7. How do you feel about your participation in, and contribution to, the group work?
8. What do you feel about the length of the group meeting?
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## 第4章　疗效因子的整合

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of Change," in *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change,* 6th ed., ed. M. Lambert (New York: Wiley, 2013), 640–89.

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5. An alternative method of assessing therapeutic factors is the "critical incident" approach used by my colleagues and me in a large encounter group study. (M. Lieberman, I. Yalom, and M. Miles, *Encounter Groups: First Facts* [New York: Basic Books, 1973]) and by Bloch and Crouch *(Therapeutic Factors in Group Psychotherapy).* In this method, clients are asked to recall the most critical event of the therapy session, and the responses are then coded by trained raters into appropriate categories. The following are examples of studies using critical incident methodology: S. Bloch and J. Reibstein, "Perceptions by Patients and Therapists of Therapeutic Factors in Group Psychotherapy," *British Journal of Psychiatry* 137 (1980): 274–78. D. Kivlighan and D. Mullison, "Participants' Perception of Therapeutic Factors in Group Counseling: The Role of Interpersonal Style and Stage of Group Development," *Small Group Behavior* 19 (1988): 452–68. D. Kivlighan and D. Goldfine, "Endorsement of Therapeutic Factors as a Function of Stage of Group Development and Participant Interpersonal Attitudes," *Journal of Counseling Psychology* 38 (1991): 150–58. G. Mushet, G. Whalan, and R. Power, "In-patients' Views of the Helpful Aspects of Group Psychotherapy: Impact of Therapeutic Style and Treatment Setting," *British Journal of Medical Psychology* 62 (1989): 135–41. Mortl and Von Wietersheim, "Client Experiences of Helpful Factors." M. Fontao and E. Mergenthaler, "Therapeutic Factors and Language Patterns in Group Therapy Application of Computer-Assisted Text Analysis to the Examination of Microprocesses in Group Therapy: Preliminary Findings," *Psychotherapy Research* 18 (2008): 345–54. K. Lese and R. McNair- Semands, "The Therapeutic Factor Inventory: Development of a Scale," *Group* 24 (2000): 303–17.

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with Friends and Increasing Social Support for Weight Loss and Maintenance," *Journal of Consulting and Clinical Psychology* 67 (1999): 132–38.

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12. Spurred by the large data pool of the NIMH Treatment of Depression Collaborative Research Program, individual psychotherapy researchers have used a method similar to the Q-sort discussed in detail in this chapter: they developed a one-hundred-item scale, the Psychotherapy Process Q Set (PQS), which is completed by trained raters evaluating session recordings at sessions 4 and 12 of a s ixteen-s ession treatment. The PQS evaluates the therapy, therapist, and therapy relationship on a range of process criteria. Analysis of the one hundred items produces a core of therapeutic factors. Successful therapies, including interpersonal therapy and cognitive-behavioral therapy, were similar in that both treatments created a relationship in which clients developed a positive sense of self and very strong positive regard for their therapist. J. Ablon and E. Jones, "Psychotherapy Process in the National Institute of Mental Health Treatment of Depression Collaborative Research Program," *Journal of Consulting and Clinical Psychology* 67 (1999): 64–75. Lese and McNair-Semands

("Therapeutic Factors Inventory") developed the group therapy Therapeutic Factors Inventory (TFI), a self-report instrument. The TFI, which builds on the original therapeutic factor Q-sort, demonstrates promise as a research tool with empirically acceptable levels of internal consistency and test- retest reliability. Subsequent research has worked to refine the TFI into a smaller number of higher-order therapeutic factors. G. Tasca, C. Cabrera, E. Kristjansson, R. MacNair-Semands, A. Joyce, and J. Ogrodniczuk, "The Therapeutic Factor Inventory-8: Using Item Response Theory to Create a Brief Scale for Continuous Process Monitoring for Group Psychotherapy," *Psychotherapy Research* 26 (2016): 131–45.

13. Yalom et al., "Curative Factors in Group Therapy."

14. There were four checks to ensure that our sample was a successfully treated one: (1) the therapists' evaluation; (2) the length of treatment (previous research in the same clinic demonstrated that group members who remained in therapy for that length of time had an extremely high rate of improvement [I. Yalom et al., "Prediction of Improvement in Group Therapy," *Archives of General Psychiatry* 17 (1967): 158–68]); (3) the investigators' independent interview ratings of improvement on a thirteen-point scale in four areas: symptoms, functioning, interpersonal relationships, and self-concept; and (4) the members' self-rating on the same scale.

15. The number in each of the seven piles thus approaches a normal distribution curve and facilitates statistical assessment. For more about the Q-sort technique, see J. Block, *The* Q-*Sort Method in Personality Assessment and Psychiatric Research* (Springfield, IL: Charles C. Thomas, 1961). S. Freedman and J. Hurley, "Perceptions of Helpfulness and Behavior in Groups," *Group* 4 (1980): 51–58. M. Rohrbaugh and B. Bartels, "Participants' Perceptions of 'Curative Factors' in Therapy and Growth Groups," *Small Group Behavior* 6 (1975): 430–56. B. Corder, L. Whiteside, and T. Haizlip, "A Study of Curative Factors in Group Psychotherapy with Adolescents," *International Journal of Group Psychotherapy* 31 (1981): 345–54. D. Kivlighan, J. Miles, and J. Paquin, "TFs in Group Counselling: Asking New Questions," in Conyne, *Oxford Handbook of Group Counselling,* 121–36. D. Kivlighan and S. Holmes, "The Importance of Therapeutic Factors: A Typology of Therapeutic Factors Studies," in *Handbook of Group Counseling and Psychotherapy*, ed. J. DeLucia-Waack, D. Gerrity, C. Kalodner, and M. Riva (Thousand Oaks, CA: Sage Publications, 2004), 23–36. M. Stone, C. Lewis, and A. Beck, "The Structure of Yalom's Curative Factor Scale," presented at the American Psychological Association Convention, Washington, DC, 1992. Tasca et al. ("Therapeutic Factor Inventory-8") evaluated 621 clients' responses to the Therapeutic Factor Inventory and used item response theory to shrink the number of therapeutic factors and reduce the impact of social desirability on clients' responses. Their work realigns the therapeutic factors into four overarching ones in an effort to construct a higher order understanding of therapeutic mechanisms. These are: social learning, secure emotional expression, instillation of hope, and awareness of relational impact. This classification shows good internal consistency and predictive value re outcome. L. Greene, S. Barlow, and F. Kaklauskas, "Therapeutic Factors," in *Core Principles of Group Psychotherapy: An Integrated Theory, Research, and Practice Training Manual*, ed. B. Kaklauskas and L. Greene (New York: Routledge, 2019), 56–70. A.

Joyce, G. Tasca, R. MacNair-Semands, and J. Ogrodniczuk, "Factor Structure and Validity of the Therapeutic Factors Inventory-Short Form," *Group Dynamics Theory Research and Practice* 15 (2011): 201–19.

16. Freedman and Hurley ("Perceptions of Helpfulness") studied twenty-eight subjects in three fifty-hour sensitivity-training groups. Seven of the ten items selected as most helpful by these subjects were among the ten I listed. The subjects in Freedman and Hurley's study placed three new items (21, 23, and 24 in table 4.1) into the top ten. These items are all interpersonal output items, and it is entirely consistent that members of a sensitivity group that explicitly focused on modifying interpersonal behavior should value these items. B. Corder, L. Whiteside, and T. Haizlip ("A Study of Curative Factors in Group Psychotherapy") studied sixteen adolescents from four different groups in different clinical settings, both outpatient and inpatient. The youths did not highly value the adults' top-ranked item (insight), but their next four highest items were identical to those the adults had chosen. Overall, they valued the therapeutic factors of universality and cohesiveness more highly than the adults did. R. Marcovitz and J. Smith ("Patients' Perceptions of Curative Factors in Short-Term Group Psychotherapy," *International Journal of Group Psychotherapy* 33 [1983]: 21–37) studied thirty high-functioning inpatients who attended group psychotherapy in a psychiatric hospital. Only three of the top ten items in their study corresponded to our results, but their method was different: they asked patients to rate items from 1 to 60, rather than using the Q-sort technique of sorting into piles from most helpful to least helpful. Their subjects' top selected item was item 60 (*Ultimately taking responsibility for my own life*). When condensed into the rankings of overall therapeutic factors, their results were quite similar to ours, with five of the top six factors the same; their subjects ranked altruism third, notably higher than the outpatient sample did. Rohrbaugh and Bartels ("Participants' Perceptions of 'Curative Factors' ") studied seventy-two individuals in both psychiatric settings and growth groups. Their results were also consistent with our original Q-sort study: interpersonal learning (both input and output), catharsis, cohesiveness, and insight were the most valued factors, and guidance, family reenactment, and identification were least valued.

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*Community Psychiatry* 34 (1993): 643–44. M. Hobbs, S. Birtchnall, A. Harte, and H. Lacey, "Therapeutic Factors in Short-Term Group Therapy for Women with Bulimia," *International Journal of Eating Disorders* 8 (1989): 623–33. R. Kapur, K. Miller, and G. Mitchell, "Therapeutic Factors Within Inpatient and Outpatient Psychotherapy Groups," *British Journal of Psychiatry* 152 (1988): 229–33. I. Wheeler, K. O'Malley, M. Waldo, and J. Murphy, "Participants' Perception of Therapeutic Factors in Groups for Incest Survivors," *Journal for Specialists in Group Work* 17 (1992): 89–95. Many of these studies (and the personal-growth therapeutic factor studies and inpatient group studies discussed later) do not use the sixty-item Q-sort but instead an abbreviated instrument based on it. Generally, the instrument consists of twelve statements, each describing one of the therapeutic factors, which patients are asked to rank-order. Some studies use the critical incident method described in note 5. In the Lieberman, Yalom, and Miles encounter group study (*Encounter Groups*), the most important factors involved expression of a feeling (both positive and negative) to another person, attainment of insight, vicarious therapy, and responding with strong positive and/or negative feelings. In the Bloch and Reibstein study ("Perceptions by Patients and Therapists"), the most valued factors were self-understanding, self-disclosure (which includes some elements of catharsis and interpersonal learning on other tests), and learning from interpersonal actions. Although the structure of the categories is different, the findings of these projects are consistent with the studies of the therapeutic factor in the abbreviated Q-sort.

18. Lieberman, Yalom, and Miles, *Encounter Groups*. Freedman and Hurley, "Perceptions of Helpfulness." Kivlighan and Goldfine, "Endorsement of Therapeutic Factors."

19. MacKenzie, "Therapeutic Factors in Group Psychotherapy."

20. P. Dierick and G. Lietaer, "Client Perception of Therapeutic Factors in Group Psychotherapy and Growth Groups: An Empirically-Based Hierarchical Model," *International Journal of Group Psychotherapy* 58 (2008): 203–30.

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Predictor of Treatment Outcomes: A Meta-Analysis on Psychotherapy Process," *Psychotherapy Research* 27 (2017): 653–65. H. Levitt, A. Pomerville, and I. Surace, "A Qualitative Meta-Analysis Examining Clients' Experiences of Psychotherapy: A New Agenda," *Psychological Bulletin* 142 (2016): 801–30.

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33. Rohrbaugh and Bartels, "Participants' Perceptions of 'Curative Factors.' "

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52. Randall, "Curative Factor Ratings."

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1. Acceptance (group cohesiveness)
2. Universalization (universality)
3. Reality testing (includes elements of recapitulation of the priMona family and of interpersonal learning)
4. Altruism
5. Transference (includes elements of interpersonal learning, group cohesiveness, and imitative behavior)
6. Spectator therapy (imitative behavior)
7. Interaction (includes elements of interpersonal learning and cohesiveness)
8. Intellectualization (includes elements of imparting information)
9. Ventilation (catharsis)

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2. The contemplation stage (some recognition of the problem but with ambivalence about doing something about it)
3. The preparation stage (a desire to change but a lack of knowledge about how to do so)
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## 第10章　团体治疗的开始

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## 第14章　网络心理治疗团体

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depth discussion. Although this model was developed for the inpatient ward, it has been modified and adapted to many other settings, including partial hospitalization groups and intensive two- to three-week programs for substance abusers. (In Chapter 9, we discuss a particularly common major group therapy modification, the time-limited, brief, closed therapy group.) See also Bernard et al., "Clinical Practice Guidelines"; Leszcz and Kobos, "Evidence-Based Group Psychotherapy"; E. Hopper and H. Weinberg, eds., *The Social Unconscious in Persons, Groups, and Societies,* vol. 1, *Mainly Theory* (London: Karnac Books, 2011).

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“此时此地（the here-and-now）”的人际互动是关键的……人际互动是团体治疗的引擎。

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