



## Therapeutic factors in group support from the perspective of the coordinators and group members\*

*Fatores terapêuticos em grupo de suporte na perspectiva da coordenação e dos membros do grupo*

*Factores terapéuticos en un grupo de soporte en la perspectiva de la coordinación y de los miembros del grupo*

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### ABSTRACT

**Objectives:** To identify the therapeutic factors present in the sessions of a Parent and Family Support Group for those with hospitalized children, from the perspective of the participants and the group coordinators. **Methods:** A descriptive, exploratory study. The data were obtained by means of a checklist of the families and through identification of therapeutic factors by the coordinators of the group. **Results:** The families indicated the presence of the following therapeutic factors in the group: cohesion, sharing of information, universality, existential factors, developing social skills, instillation of hope, altruism, interpersonal learning and imitative behavior; the coordinators identified cohesion, sharing of information, universality and existential factors. **Conclusion:** Identification of therapeutic factors is an important therapeutic tool for evaluating whether members are benefitting from their participation in the group.

**Keywords:** self-help groups; group structure; education in health; hospitalized child

### RESUMO

**Objetivo:** Identificar os fatores terapêuticos presentes nas sessões de um Grupo de Apoio a Pais e Familiares de crianças hospitalizadas, na perspectiva dos participantes e da coordenação do grupo. **Métodos:** Pesquisa descritiva, exploratória. Os dados foram obtidos por intermédio de um *check list* preenchido pelos familiares e pela identificação de fatores terapêuticos das coordenadoras do grupo. **Resultados:** Os familiares indicaram a presença dos seguintes fatores terapêuticos no grupo: coesão, compartilhamento de informações, universalidade, fatores existenciais, desenvolvimento de técnicas de socialização, instilação de esperança, altruísmo, aprendizagem interpessoal e comportamento imitativo; as coordenadoras identificaram: coesão, compartilhamento de informações, universalidade e fatores existenciais. **Conclusão:** A identificação dos fatores terapêuticos é uma importante ferramenta que pode ser usada para avaliar se os membros estão se beneficiando de sua participação no grupo.

**Descritores:** Grupos de autoajuda; Estrutura de grupo; Educação em saúde; Criança hospitalizada

### RESUMEN

**Objetivo:** Identificar los factores terapéuticos presentes en las sesiones de un Grupo de Apoyo a Padres y Familiares de niños hospitalizados, en la perspectiva de los participantes y de la coordinación del grupo. **Métodos:** Investigación descriptiva, exploratoria. Los datos fueron obtenidos por medio de un *check list* llenando por los familiares y por la identificación de factores terapéuticos de las coordinadoras del grupo. **Resultados:** Los familiares indicaron la presencia de los siguientes factores terapéuticos en el grupo: cohesión, intercambio de informaciones, universalidad, factores existenciales, desarrollo de técnicas de socialización, infusión de esperanza, altruismo, aprendizaje interpersonal y comportamiento imitativo; las coordinadoras identificaron: cohesión, intercambio de informaciones, universalidad y factores existenciales. **Conclusión:** La identificación de los factores terapéuticos es una herramienta importante que puede ser usada para evaluar si los miembros se están beneficiando participando en el grupo.

**Descriptores:** Grupos de autoayuda; Estructura de grupo; Educación em salud; Niño hospitalizado

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## INTRODUCTION

One might think that the group has been a therapeutic space since the beginning of time, however, the systematic and intentional use of emotions that culminate during the group session began in the twentieth century<sup>(1)</sup>.

Participating in groups can help individuals break down barriers created by feelings of loneliness and isolation, in particular, the possibility to receive constructive suggestions from other people who have gone or are going through similar situations<sup>(2-3)</sup>.

However, the use of this technique requires the study of group dynamics, which favors its application as a working tool in the areas of education and care, and allows us to understand both the objective and perceived aspects of the group context, with its psychological dimension<sup>(4)</sup>.

Thus, it is essential that health professionals are prepared to work with group phenomena. A theoretical basis is needed to provide the benefits of making this work more productive, and healthy human relationships more satisfying<sup>(5)</sup>. Moreover, it is important that resources are available to permit them to assess whether, in fact, group care can achieve these goals and contribute positively to the lives of participants<sup>(2-3,6-7)</sup>. This evaluation must be based on objective parameters that help coordinators and members of the group to identify the results achieved in the group context<sup>(6)</sup>.

The therapeutic factors (TF) are resources that can be used to evaluate the group intervention, corresponding to significant events in the course of the groups identified by clients and therapists as they support their members in the process of understanding, adapting and changing behavior. The potential for a group to stimulate behavior change is directly related to the presence of TF in group sessions<sup>(3)</sup>.

Although initially studied in groups with psychotherapeutic objectives, TF can be found in all types of groups<sup>(3)</sup>. The list of TF proposed by Yalom<sup>(3)</sup> includes: instillation of hope - perceiving that the group has helped other participants; universality - to identify that other group members experience similar situation and feelings; cohesion - attraction members feel about your group and the other members; imparting information - didactic instruction received from the group coordinator and sharing of information and guidance from members of the group; altruism - satisfaction in offering help to other group members; developing social skills - social learning and developing basic social skills; imitative behavior - play/imitation of the behavior of another member, judging it to be appropriate and satisfactory; interpersonal learning - learning to interact with others through authentic and rewarding relationships, without distortion; existential factors - recognition that some facts

of life are inherent in the human condition and there is no way to avoid them; catharsis - most common in groups with psychotherapeutic goals, it is an emotional release when sharing profound inner feelings; and, corrective recapitulation of family of origin issues - re-live unsatisfactory experiences and conflicts with the primary family group in connect with other participants, and thus rework their family experience in a corrective manner.

Whereas the evaluation of the group session is crucial, for the coordinator of the group to correct distorted thoughts and provide opportunity for positive changes in participants' behavior<sup>(3,6,8-9)</sup>, the objective of this research was to identify the TF present at the sessions of a Parent and Family Support Group (GRAPF) of children hospitalized in a inpatient pediatric unit (IPU), from the perspective of participants and coordinators of the group.

## METHODS

This was a descriptive, exploratory research study, of a convergent type, which provides the possibility for close articulation of research and practice in health care, in order to find alternatives to help resolve problems and promote changes that produce improvements in quality of care<sup>(10)</sup>.

The study was conducted in the IPU at the *Hospital das Clínicas* of the Federal University of Goiás (HC/UFG), during the period of February to July of 2010. This university hospital has a pediatric clinic (PC) and a neonatal intensive care unit (NICU).

For the intervention, a GRAPF with an open format was organized, i.e., the entry of new members was allowed in all meetings with the objective of offering support, welcoming and information to families of hospitalized children in the UIP/HC/UFG. It was a homogeneous group with respect to members, since they all shared the lived experience of having a child in their family who was hospitalized in the IPU.

The GRAPF was coordinated and supervised by two nurses with specialized training in conducting groups, from its organization until the completion and evaluation; one was a nurse specialist in group dynamics and the other had experience in the care of family members of persons admitted to the intensive care unit. The group meetings took place once or twice a week and each session was planned to last 60 minutes. All meetings were approved and subsequently transcribed by the responsible researcher. In addition to recordings, significant events that occurred in the meetings were recorded in a field journal by one of the coordinators.

Participating in the GRAPF sessions were 34 individuals who signed the consent form and met the following criteria: aged 18 years or older, and belonging to the

family of a hospitalized child in the UIP at HC/UFG during the period of data collection.

The coordinators evaluated the GRAPF through an analysis of recordings of each meeting, seeking the presence of TF in the words of the participants during the sessions. Even if a TF was identified in the words of only one participant, this was considered present in the group session, because, according to studies of group dynamics<sup>(3,7,9)</sup>, independent of the group type (with or without psychotherapeutic goals), each member manifests and expresses the movement of the group.

After the group meetings ended, participants were invited to meet individually with one of the coordinators of the GRAPF to complete a check list (Appendix 1) especially designed for this purpose, and which contained statements adapted from Yalom<sup>(3)</sup> for each of the TF. The use of simplified language aimed to make sentences understandable even to people with little schooling<sup>(3)</sup>. Only nine individuals participated in this stage of data collection, due to the inability to make further contact with many of the original participants, especially those living in other cities/states.

For the presentation of results, letters and numbers were assigned to represent family members who participated in the research, in order to preserve their identity. The study was approved by the Committee on Ethics for Human and Animal Research, HC/UFG (Protocol n° 153/2009).

## RESULTS

Participants in the study attended 12 meetings of the GRAPF; the first five families had children hospitalized in the NICU and the seven latter families had children hospitalized in the PC. In total, 34 people attended the GRAPF sessions. The number of families in each session ranged from three to seven, and consisted mainly of mothers (23), followed by uncles (5), grandparents (4) and fathers (2).

The presence of TF in the group sessions was evaluated from the viewpoint of coordination; considering the importance of evaluating the group participants<sup>(6)</sup>, it was also evaluated from the viewpoint of those who were interviewed.

The data in Table 1 show that only the TF, **imparting information**, was identified by the group coordinators in all meetings of the GRAPF, in expressions such as:

*I liked it very much (...) because it clarifies a lot, right? That, sometimes, we do not know. (F22G6)*

*It is important, because the person is with a question, right? Some difficulty, what it is, what is not, right? (F24G5)*

In 11 meetings of the GRAPF the TF, **cohesion**, was identified by the coordinators in the conversations of participating family members :

*... it is like, well, a family for you to share the feelings. Regardless of who they are ... (F33G11)*

*... able to share the good times and bad. (F20G3)*

The TF, **universality**, was identified by coordinators in eight GRAPF sessions, in words such as those shown below:

*... I do not have as many friends that are talking to me, now I am doing it with parents, who're suffering the same way you did, even more, the same way I am. (F20G3)*

*When you think about people who have problems, people can talk ... (F14G10)*

The TF, **existential factors**, seen in only three meetings of the group, was identified by the group coordinators in a few testimonials:

*We have to learn to live with what works and what does not ... (F17G7)*

*A lot happens in the life of poor people ... It's very complicated! In today's world, everything happens! (F12G2)*

The coordinators of the GRAPF did not identify expressions that indicated the presence of some of the TF in the group sessions: **instillation of hope**, **altruism**, **interpersonal learning** and **imitative behavior**. However, based on the opinion of six family members, these TF were present in GRAPF sessions.

The data in Table 2 show that six of the nine TF included in the checklist completed by family members were perceived by all respondents, and the other three were perceived by the majority.

## DISCUSSION

The identification of TF as a form of assessment of group activity has been used by scholars of the subject and is considered a good strategy to estimate the efficiency of the groups<sup>(7-8,11-12)</sup>. Although the process of change in groups with psychotherapy objectives, generally, includes the entire set of TF, the ones identified by the GRAPF coordinators (**information sharing**, **group cohesion**, **universality** and **existential factors**) are the most commonly observed in any group<sup>(3)</sup>.

**Table 1.** Therapeutic factors identified by the coordinators in the GRAPF sessions. Goiânia, 2010

Therapeutic factors/GRAPF sessions	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12
Imparting information	X	X	X	X	X	X	X	X	X	X	X	X
Cohesion	X	X	X	X	X	-	X	X	X	X	X	X
Universality	X	-	X	-	X	-	-	X	X	X	X	X
Existential factors	-	-	-	-	-	-	X	X	X	-	-	-

**Table 2.** Therapeutic factors identified by families, as a result of their participation in the group. Goiânia, 2010

Therapeutic Factors	F1	F2	F3	F4	F5	F6	F7	F8	F9
Cohesion	X	X	X	X	X	X	X	X	X
Imparting information	X	X	X	X	X	X	X	X	X
Universality	X	X	X	X	X	X	X	X	X
Existential factors	X	X	X	X	X	X	X	X	X
Developing social skills	X	X	X	X	X	X	X	X	X
Instilling hope	X	X	X	X	X	X	X	X	X
Altruism	X	X	X	-	X	X	X	X	X
Imitative behavior	X	X	X	X	X	X	-	X	X
Interpersonal learning	X	X	X	-	X	X	X	-	X

In a study with a group of diabetics, the TF of information sharing, cohesion, universality, interpersonal learning, developing social skills, altruism, imitative behavior and instillation of hope were identified in the reports of respondents and indications were found that, as was found in the GRAPF results, the group had a beneficial interaction between members and allowed the sharing of positive experiences<sup>(11)</sup>.

In the evaluation of a support group for relatives of patients admitted to the intensive care unit<sup>(7)</sup>, the TF universality, information sharing, cohesion, existential factors and instillation of hope were identified. The authors considered their presence as an indicator of the group's contribution to strengthening the family in the face of the life experience. These findings corroborate those found in the GRAPF, reinforcing the importance of this technique to assist families in crisis.

Although the coordinators of the GRAPF identified less TF than did its participants, the fact that all family members interviewed had perceived the existence of the majority of them indicates the benefits of such a group to its members<sup>(3,7)</sup>. This difference between the TF identified by the group participants and those observed by the coordinators of the group was also observed in another study<sup>(7)</sup> and, probably, relates to the fact that some TF, although they may have been perceived/experienced, are not expressed orally by family members during the session, preventing its perception by the coordinators. On the other hand, if the perception of the coordinators about the TF in the session is crucial for monitoring the effects of the group on its members, it could be that the assessments of the participants ought to be more valued because it represents the individual's lived experience<sup>(7)</sup>.

The divergence between the perceptions of participants and coordinators of the group indicates that some important and useful experiences for some members cannot influence other individuals, or are overlooked by the coordinator of the session<sup>(3,12)</sup>. However, the coordinators of the group must always be attentive to the

differences in the use of the TF provided by the group experience for its members, using this observation to plan and promote new opportunities for everyone to benefit equally from the TF<sup>(3)</sup>.

**Cohesion** was one of the TF more frequently identified by both the participants and the coordinators of the GRAPF, similar to results of other studies<sup>(7-11)</sup>. The analysis of statements shows that this TF contributed, effectively, to the families of hospitalized children feeling a sense of unity and belonging to a group of "equals", supported by each other, and to a warm environment of confidence and solicitude, where people could talk about their fears and anxieties. **Cohesion** favors acceptance, facilitates the participation of members in group activities, and contributes to many expressions of feelings and sharing of experiences in an authentic and sincere manner, causing the group to strengthen the group itself<sup>(3,12)</sup>.

The presence of the TF, information sharing, both in meetings of the GRAPF as well as in other support groups<sup>(7-11)</sup> may be a consequence of the collective construction of knowledge, in which the information/orientation in the shared sessions is not only coming from the coordinators, but also from members of the group.

**Information sharing** promotes learning and awareness<sup>(8-9,13)</sup>, and often acts as the initial binding force for the group, until other TF begin to operate<sup>(3)</sup>. Resources can be used as guidelines by the coordinators or group members, including the participation of experts in certain topics. The important thing is that learning occurs in a context of partnership and collaboration, rather than as prescription and subordination<sup>(3,13)</sup>. In GRAPF, this TF favored the active and conscious participation in the care of hospitalized children and worked so that members perceived the group as a place to share and clarify doubts and difficulties.

Reports also allowed the perception of feelings of relief from no longer existing alone in the world. In the GRAPF, the presence of the TF, **universality**, enabled the understanding that the difficulties experienced with the process of illness and hospitalization of the child is no longer an individual problem but instead it becomes a collective problem, common to all group members. The TF, **universality**, is an important force that helps the group construct itself as a group<sup>(3)</sup>. In the GRAPF, sharing many common experiences provided the participants with the perception that they were not alone with their problems and feelings, which invalidates the feelings of uniqueness and strengthens the group<sup>(3,7,12)</sup>.

Also present within the sessions of the GRAPF were the **existential factors**, related to the existential questions of human life that place the person face to face with human mortality and the recognition that life sometimes is unfair. This TF works by helping the group member to learn that there is no escape from death and

some pains of life, and to discover what they cannot get from other people<sup>(3)</sup>. In the GRAPF, the statements of some family members confirmed the findings of other studies<sup>(7-9,13)</sup>. Those who faced catastrophic life events, such as the threat of losing a family member, experienced important changes in their social roles and relationships, which can radically change their lives and have implications on their own mortality<sup>(3)</sup>.

The TF can be present in all types of groups, independent of their objectives, but their interaction, frequency and importance can vary greatly from group to group and person to person<sup>(3,7)</sup>. The use of therapeutic factors also diversifies during the course of the group, conforming to changing needs and objectives of its members. Likewise, in the same group, each participant benefits more or less from different TF, according to their needs, abilities and personality<sup>(3)</sup>.

Although the TF are divided into 11 subtypes, they correlate significantly. The presence of a TF contributes to, and may even be indispensable for, the emergence of others<sup>(3,14)</sup>. Some are more common in groups for self-help and support, such as the GRAPF: **universality, group cohesion, information sharing, universality, developing social skills, altruism, interpersonal learning, instilling hope** and **existential factors**<sup>(3,7)</sup>. Perhaps this explains the lack of identification of the TF **catharsis** and **corrective recapitulation of family of origin issues** in both the GRAPF as well as other support groups<sup>(7-8)</sup>, since they had no psychotherapeutic purpose. The therapeutic value of support groups is precisely in the possibility of promoting the performance of certain TF that help their members in coping with the experienced crisis<sup>(3)</sup>.

In promoting the role of TF in most meetings, the GRAPF confirmed the therapeutic effect of helping

families to cope with the crisis they are experiencing. Sharing experiences with others in similar situations and the support obtained from other group members make therapeutic experiences possible that help them cope with the life situation.

## CONCLUSION

Considering that the presence of one or more of the TF was noted in each group session indicates that the group had a positive contribution to the lives of its members and contributed to the therapeutic change of person. The GRAPF was evaluated as effective, since all participants could feel the presence of all, or almost all, of the TF investigated.

From the perspective of the group members and of its coordination, the TF which operated in the GRAPF sessions were: **cohesion, information sharing, universality** and **existential factors**. Although not identified by the coordinators, the other TF (**socialization, instillation of hope, altruism, interpersonal learning** and **imitative behavior**) were expressed by the family respondents, indicating that they benefited from them. This fact shows that, even if not verbally expressed, group members can benefit from the group experience and often, this benefit goes beyond what is observed by the coordinators.

The presence of TF in the GRAPF meetings indicates that the group is a resource that can be used by health professionals to accommodate the child's family in the hospital context. However, the technical expertise necessary to coordinate groups can only be acquired through specific training (theoretical and practical) and relying on the supervision and advice of a specialized professional during the first initiatives.

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**Appendix 1. Checklist** for identification of therapeutic factors by participants of the GRAPF

Next, read the statements and mark an X on those that include any experience that you had as you participated in the group:

- 
- You felt the hope of improving your situation by seeing other people who were living a situation similar to yours and were better than you
- 
- You felt the hope of improving your situation knowing or seeing how other people have solved problems similar to yours
- 
- You felt the hope of improving your situation by seeing that other participants have improved
- 
- You felt the hope of improving your situation by seeing that the group had helped others with problems like yours
- 
- The group helped you see that you were not the only person with your type of problem
- 
- The group helped you see that you were living a similar situation as other people
- 
- The group helped you see that there were other people with some of the same feelings and negative thoughts that you had
- 
- The group helped you to see that other people had the same reasons for unhappiness or confusion as you had
- 
- The group helped you see that you were not very different from other people
- 
- The group helped you to get information or guidance on a health issue that you wanted to know about
- 
- Someone (professional and / or other members) gave suggestions or advice on something you should do
- 
- Someone (professional and / or other members) gave suggestions or advice about a problem you had
- 
- You had the opportunity to help others who were going through a similar situation as you, which left you satisfied
- 
- You had the opportunity to put the needs of others ahead of your own
- 
- You had the opportunity to forget about yourself while trying to help others
- 
- You had the opportunity to feel that helping someone was important in your life
- 
- The group taught you about the impression that you provoke in people
- 
- The group taught you about how you relate to others
- 
- Someone in the group said what you thought
- 
- Someone in the group pointed out something that you do (habits, attitudes, behavior) that bothers people
- 
- You had wanted to be or act like someone you met in the group, because it seemed calmer and more adjusted to you
- 
- You felt the courage to talk about something that you were afraid to speak about after seeing another person in the group doing the same thing
- 
- The group helped you to improve your ability to be with people
- 
- The group helped you to feel confident in the group and with others
- 
- The group helped you learn how to approach others
- 
- The group helped you to resolve your difficulties with someone in particular
- 
- You felt you belonged in, and were accepted by, the group
- 
- In the group, you had the opportunity to maintain contact with others
- 
- In the group, you did not feel alone for long
- 
- You felt you belonged to a group of people who understood and accepted you
- 
- The group helped you to understand that sometimes life is unfair
- 
- The group helped you to understand that there is no escape from death and some pain in life
- 
- The group helped you to recognize that no matter how many people are around you, you must face life alone
- 
- The group helped you to recognize that it is you who must assume ultimate responsibility for the way to conduct your life
-