Anxiety Levels, Group Characteristics, and Members' Behaviors in the Termination Stage of Support Groups for Patients Recovering From Heart Attacks

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Objective: Examining the significance of the termination stage of support group activity and its effectiveness in alleviating anxiety among patients recovering from their first heart attack. Methods: 82 patients, 50 of whom participated in seven support groups, fill in questionnaires at six stages of the group intervention. Six observers conducted two stages of qualitative analysis of the groups' last meetings' videotapes. Results: The findings revealed a temporary increase in anxiety levels during the termination stage among the groups that effectively alleviated anxiety. These findings are partially explained by two components of the Group Environmental Scale: cohesiveness and task orientation. Resistance and ambivalence were typical behavior patterns of members at the termination stage of effective groups. Conclusions: Measuring group effectiveness before, during, and after the intervention enriches the knowledge of the correlation between group processes and group outcomes. Identifying behavior patterns contribute to social worker's online ability to evaluate group effectiveness.

Theoretical approaches that have looked at the termination phase of a support group (Flapan & Fenchel, 1987; Keyton, 1993; Yalom, 1985) claim that particular experiences that are important to the health of individual group members are liable to arise at this stage of the group's development. These experiences concern separation, a sense of loss, abandonment anxiety, and an uncertainty regarding the future. These feelings are liable to upset emotional balance and increase the participants' anxiety levels (Eklof, 1984) thereby putting the efficacy of the group and its evaluation into question. Such questions are especially important when regarding patients recovering from heart attack whose principal purpose of attending support groups is to alleviate

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anxiety. The present study examines whether the anxiety level of people recovering from heart attack indeed rises during the support group's termination phase, as well as how significant this rise is in terms of evaluating group effectiveness and how it is reflected in group members' behavior.

SUPPORT GROUPS' TERMINATION STAGE

Gottlieb (1985) noted that participating in support groups often alleviates anxiety and keeps participants from stressful situations that are likely to impair the participants' health. He claimed that when people suffer from a common problem and have an opportunity to exchange information, the result is usually a social equalization process that engenders several things. These include an airing of feelings, a legitimization of fears, and a reduction in perceived threats that intensify emotional arousal. This process of social equalizing leads to problem solving and enables the group to search for ways of coping with stress. Thus, support groups become a social network and a secure environment for planning restoration of the emotional balance that had been upset by stressors. Thoits (1995) noted that qualitative components of social network, which include intensity, reciprocity, and emotional support, are more closely connected with well-being and health than are quantitative ones.

In support groups, where members were not formerly acquainted, ties develop gradually and their quality usually increases with each meeting. This can be demonstrated by the fact that theoretical studies dealing with the stages of group development use the quality of social bonds as a criterion to differentiate between one stage and another. According to these studies, intimacy and group cohesiveness express themselves through the qualitative bonds that form only at the advanced stage of group development, which occurs only after members have invested emotional efforts and are ready to commit themselves to mutual assistance (see Barker, 1991; Garland, Jones, & Kolodny, 1976; Mennecke, Hoffer, & Wynne, 1992). Unfortunately, there is little empirical work on group development to support these theories (Brower, 1989).

Termination of the group severs the emotional bonding process while paradoxically demanding an emotional effort at the severance stage (Flapan & Fenchel, 1987; Moreland & Levine, 1988). Termination is the process of separating from the group. Excluding premature or unexpected termination, it constitutes the culmination of group development. Simutis (1983) summarized termination literature by claiming that

> There is an agreement on the assumptions that termination has similar characteristics as a process regardless of the type of group involved and that these characteristics differ from the characteristics of the group at other times during the group's existence. (p. 3)

Her research findings support these assumptions and she found that these characteristics include such behavior as expressions of sadness and anger, discussions of death, evaluation, need for the group, history of the group, desire to continue the group, resisting new areas of discussion, denial, and flight (see also, Garland et al., 1976; Moreland & Levine, 1988; Peternel, 1991). Lewis (1978), studying 16 groups of different types that had been in session for more than 1 year, confirmed the existence of such behavior patterns.

These behaviors reflect unpleasant feelings of loss and abandonment (Eklof, 1984) along with pleasant feelings of joy, relief, and a sense of accomplishment. Even if severance is planned in advance, the feelings accompanying it are generally characterized by an ambivalence that consists of mingled positive and negative emotions (Flapan & Fenchel, 1987; Ross, 1991; Yalom, 1985).These typical behaviors and emotions occur simultaneously during group termination, and their presence alone may expose group members to new demands that may upset their emotional balance and raise their anxiety levels.

The aim of this study is to assess the role that characteristics of group development play to explain the variability of anxiety levels during the termination stage of support groups for patients who are recovering from their first heart attack.

ANXIETY ALLEVIATION OF HEART ATTACK CONVALESCENTS

Patients recovering from a first heart attack face new demands on their life. These include loss of health, constant fear of repeated episodes, and a loss of self-sufficiency. By raising their anxiety levels, these demands may upset their emotional balance (Havik & Mealand, 1990; Shine, 1984). According to approaches that point to a correlation between psychosocial factors and illnesses, extended anxiety is likely to constitute a risk factor that could cause deterioration in the patients' state of health and subsequently cause further heart attacks (Ben-Sira & Eliezer, 1990). Hence, alleviating heart attack patients' anxiety levels is of major importance.

One significant resource for coping with these demands is the convalescent's social network (Thoits, 1995; Waltz, Badura, Pfaff, & Schott, 1988). A temporary social network developed through support groups works just as

well. On the basis of this, support groups were set up for people recovering from their first heart attack (Rahe, Ward, & Hays, 1979).

Empirical findings concerned with the effectiveness of support groups to alleviate heart patient and other chronically ill patient anxiety are not unequivocal. Some studies, such as those of Cain, Kohorn, Quinlan, Latimer, and Schwartz (1986) and Ibrahim et al. (1974), indicated that the groups are indeed effective in reducing anxiety, whereas others found no change in anxiety levels before or after group intervention (Heinrich & Schang, 1985; Horlick, 1984).Others found alleviated anxiety among only a few group members and heightened anxiety among the rest (Mone, 1970; Steuer, Mintz, Hammen, & Hill, 1984). These studies examined group effectiveness by measuring anxiety levels before the first meeting and after the last group meeting but did not assess anxiety levels during the life of the group. However, measuring anxiety levels during the group existence is significant, as a rise in anxiety at the termination stage may distort the results. For persons recovering from heart attacks, the termination stage may be interpreted as fulfillment of another step in rehabilitation or as adjustment to the disease, therefore relieving their anxiety. Alternatively, the termination stage may be perceived as a time of loss of a major support resource after the loss of health (Peternel, 1991; Yalom, 1985).

Conceptual Framework

Heart attack convalescents' anxiety levels during group termination phase. Because of the presence of findings that point to a correlation between the existence of a supportive social network and the alleviation of patients' anxiety levels (Thoits, 1995), it is assumed that support groups for heart attack patients will contribute to the alleviation of anxiety that accompanies the illness and its recovery process (Rahe et al., 1979). In other words, a significant decline in anxiety levels may be used as one measure for support groups' effectiveness. However, a review of the literature concerning group termination phase (Eklof, 1984; Simutis, 1983) shows that group characteristics typical of this stage can cause a rise in group members' anxiety level.

For heart attack convalescents, group termination may have a significant meaning. Empirical evidence shows that every transition for them causes an anxiety accession. To use an example, the move from the coronary care unit (CCU) to an unmonitored situation or leaving the hospital (Cassem & Hackett, 1971) can represent a transitional stage and can cause anxiety accession. The anxiety accession is explained by the difficulties patients faced when moved from a situation in which they believe that every heartbeat is critically

watched to a situation in which they feel less secure (Shine, 1984). They may perceive departing from a support group as such a transition. Hence, anxiety levels that were supposed to decline during the formation of quality social networks within the group may rise again during the group termination stage. But, if the members gain knowledge, support, and coping skills during the group activity, this rise in anxiety level during group termination will only be temporary. In that case, the level of anxiety should decrease again after the group activity has ceased.

Consequently, the increase in the anxiety levels during the termination stage of support groups will most likely be temporary only in groups that are effective in alleviating anxiety in general.

Group characteristics and members anxiety levels at the group termination stage. Keyton (1993) noted that the group characteristics demonstrated during the termination stage reflect the quality of social networks that form among group members. Moos, Insel, and Humphry (1974) defined 10 group characteristics that describe the quality of bonds within a group, the members' personal development, and the group organization. These characteristics are: cohesion, task orientation, self-discovery, expressiveness, anger and aggression, independence, order and organization, innovation, leader support, and leader control. According to Keyton's (1993) theory, group members' perception of these characteristics at the termination stage will affect the change direction of their anxiety levels at this stage.

Members' behavior at the group termination stage. Increase in people's anxiety levels can have certain effects on behavior such as unrest, avoidance, hyperactivity, and so on (Edelman, 1992). As a result, the behavior of group members will likely reflect a temporary rise in the anxiety levels of an effective group's termination stage. Identifying these behavioral patterns may provide the group facilitator with important real-time information regarding both the group's effectiveness and the members' needs at this stage. The research assumption is that the differences of members' behavior at the termination stage, in both effective and noneffective groups, will be observed.

METHOD

Sample

This research population was comprised of patients recovering from a first heart attack. Prior to suffering a coronary attack, these patients had not

suffered from any other kind of chronic illness, and they had been released from the Soroka Medical Center up to 2 years before joining the groups. No other criteria were defined.

The sample includes 82 married men, ages 36 to 65, with an average of 12 years education. Eighty-eight percent were middle- to upper-middle class, whereas 78% were salaried workers or self-employed. Of the 82 men, 50 took part in the groups, and 32 dropped out either before the first group session or else immediately following it.

The dropouts were younger than the participants. Although 71.8% of the dropouts fit in the up to 50 years old category, only 40% of the participants fit into this category, χ^2 (df = 3) = 12, p = .007. No significant differences existed in the other demographic variables: ethnic origin, χ^2 (df = 3) = 3.47, p = .17; marital status, χ^2 (df = 5) =.04, p = .82; education, χ^2 (df = 51) =.67, p = .85; professional status, χ^2 (df = 21) = .34, p = .51; employment situation, χ^2 (df = 3) = 3.71, p = .17; and time span following the heart attack, t (df = 70) = .5, p = .60. Throughout the research period, only three women were found who had not suffered from any other chronic illness prior to the heart attack, so no group was formed for them.

All patients who conformed to the criteria were assigned to groups according to the order in which they arrived at the outpatient clinic. Only 5 patients refused to join the groups at the outset. Group size ranged from 4 to 11 members (average: 7.15). Two additional groups with similar characteristics served in the preliminary research; however, their results were not included in the findings.

Taking into account the ethical dilemma inherent in using control groups in field studies as well as the methodological limitations of such studies (Brower & Garvin, 1989), the group's effectiveness in decreasing the anxiety level of heart attack convalescents has been evaluated in this research by comparing the dropouts' anxiety level before and after group intervention. The dropouts were the only group exposed to the first interview and they were not exposed to group intervention, similar to the experimental group's experience. Except for the age variable, both groups have similar background variables. Eighteen dropouts filled out the anxiety questionnaires parallel to their before and after groups.

The Support Groups

The groups were created to form a temporary support network for people recovering from a first heart attack, thus enabling the participants to make personal decisions concerning their lives after the acute event (Rahe et al., 1979). All the groups were counseled by the same social worker, who had had

extensive experience in group counseling, particularly with heart patient groups. In accordance with the principles mentioned in Gitterman (1989), counseling emphasized the development of interpersonal relationships within the group. These principles include encouraging direct and open communication between group members, developing mutual aid, accepting responsibility for the group's activity, and encouraging free expression of opinions and feelings.

Each group was conducted over 10 weekly sessions. Issues that were raised focused on expressing the members' fear and solving the problems they encountered as a result of their illnesses. The group sessions focused on, in the following order:

1. Acquaintance and expectations,
2. First meetings with a cardiologist to discuss the essence of a heart attack,
3. Ways of coping with fears and anxieties,
4. Changes in nutritional and smoking habits,
5. Midpoint evaluations of group activities,
6. The right to social benefits,
7. Family coping and sexual relations,
8. Second meetings with the cardiologist,
9. Stress and tension management,
10. Separation and evaluation.

Six weeks after group termination, the members were invited to a follow-up session. At this session, they were allowed to discuss any issue they chose to bring up.

Measures

Anxiety level. Anxiety level was measured on the Spielberger State Anxiety Scale (Spielberger, 1983), consisting of 20 questions in which the subject is asked to rank his present feelings on a 4-point Likert scale. The sum of the responses reflects the anxiety level, ranging from 20 (low) to 80 (high) (Cronbach's alpha = .97). *State anxiety* is defined as a subjective feeling of tension, worry, nervousness, or arousal of the autonomic nervous system. It consists of a temporary emotional discomfort caused by a reaction to an external stimulus that threatens one's emotional equilibrium. Participants may perceive group termination as one such stimulus.

Members' perception of group characteristics. This was measured according to the Group Environmental Scale (GES) (Moos et al., 1974). The GES consists of 90 items that can be graded at source as correct or incorrect. The

current research used a Likert 1 to 6 scale to increase the range of responses as well as the range of differences between the respondents. Because the research was conducted in Israel, the GES Hebrew version was used. The GES was translated into Hebrew by members of Professor R. Shoval's team at Tel Aviv University (Amit, 1982; Cohen-Cohaner, 1982). The validity and reliability of the Hebrew version has been confirmed by these researchers. The questionnaire examines the following 10 group characteristics: cohesion, task orientation, self-discovery, expressiveness, anger and aggression, independence, order and organization, innovation, leader support, and leader control.

Each characteristic was measured by 10 items. Cronbach's alpha coefficients were calculated for each indicator separately to assess internal consistency. Cronbach's alpha of two group characteristics, anger and aggression and innovation, was less than .70. These variables were not included in the data analysis.

Quantitative data collecting. The State Anxiety Questionnaire was administered to subjects six times during the study: at the first interview; before the first group meeting; after the 4th, 7th, and 10th (last) meetings; and at a 2½-month follow-up. The waiting time between the first interview and the first group meeting was, on the average, about 2½ months.

The GES questionnaire was administered to the subjects three times during the group's life: after the fourth, seventh, and last group meetings. The timing was determined taking into account the phenomenon of the response shift (Robinson & Doueck, 1994) and the findings of the preliminary research. This research demonstrated that the participants would resist answering the questionnaires after each session (see also Dies, 1985).

Group Members' Behavior at the Final Stage—Qualitative Data

Group members' behavior patterns were identified only after completion of the quantitative data collecting. A team of six observers, possessing the requisite theoretical background in group work, conducted a two-stage qualitative analysis of videotapes of the groups' last meetings. At the first analysis step, each observer viewed the whole tapes of the groups' last meeting and noted the critical events and behaviors that took place at the meetings. From a list of 13 critical events and behaviors observed, those indicated by at least five observers were then combined into one list of seven variables. These variables supported Simutis's (1983), Yalom's (1985), and Lewis's (1978) research findings. These variables are the following:

1. Evaluation: assessing the changes that took place at the individual and group levels;
2. Separation difficulties: reflected in members' dawdling and remaining after the end of the session;
3. Expressions of sadness: both verbal and nonverbal;
4. Cohesiveness: meeting attendance rate, intimacy as reflected in seating arrangements, and verbal and nonverbal reflections of mutual relations;
5. Cyclic and open communications: free-flowing conversation among group members, as well as between them and the facilitator;
6. Resistance: long silence, late arrival and early departure, discomfort, and anger;
7. Ambivalence: downplaying the value of the group while expressing a desire to continue it.

At the second stage, judges were asked to observe the entire last meetings once again and indicate which of these variables were present and which were not present at each meeting. The observers were not familiar with the quantitative study and its results.

RESULTS

Group Effectiveness in Alleviating State Anxiety Levels of First-Time Heart Attack Convalescents

Findings show an overall significant decline in group participants' anxiety levels from the first interview to the follow-up meeting, t (df = 40) = 2.79, p = .006. (The t test is of .1 vs. .6.) No significant decline was found in dropouts' anxiety level during the same period, t (df = 17) = .44, p = .664. These findings reflect the efficacy of group intervention in alleviating group members' anxiety (see Table 1). It is worth noting that the primary level of the dropouts' anxiety level is higher than the anxiety level of the participants. However, this difference is not statistically significant, t (df = 83) = 1.26, p = .212.

The Pattern of Change in State Anxiety Level Throughout the Group's Life

A significant decline in anxiety levels was found during the pregroup waiting time, t (df = 46) = 2.32, p = .01. This trend continued until the seventh group meeting (see Table 1). There is a temporary rise in anxiety levels between the 7th and the last group meeting. This tendency, however, is not statistically significant, t (df = 41) = 1.17, p = .24.

The decline in anxiety levels characterizing the waiting period and the group activity stage (up to the seventh meeting) may be explained by group

TABLE 1: State Anxiety Averages and Standard Deviations by Group and Observation

		Interview		*First Meeting*		*Fourth Meeting*		*Seventh Meeting*		*Final Meeting*		*Follow-Up*	
Group Number	N	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
1	10	44.6	13.3	43.1	11.7	42.8	11.8	40.5	12.6	42.5	9.7	40.6	14.7
2	5	34	9.7	29.7	8.9	30.7	8	22	1.4	33	12	33.2	10.7
3	7	47.4	18.8	33.8	12.4	33.8	8.2	34.1	5.4	36.8	16.3	34	10.8
4	6	31	13	30	8	29.3	9.9	28	9	32.6	10.9	29.5	11.8
5	7	43.8	10.4	43.4	9.2	40.2	14.8	35.6	13.3	41.5	15.9	38	11.2
6	7	39	13.7	38.3	7.3	37.5	10	38.4	11.6	40.4	3.4	41.8	13.2
7	8	42	7	40	9.8	38	9.5	41.3	10	37	9.8	7	11.5
Total *M*	7.1	41.2	13.1	37.4	10.6	37	10.5	36.2	10.6	38.3	12.5	36.7	12.2
Dropouts	32	44.9	2.2									43.3	3

activity and maturity (the time that passed since the attack). The latter factor has relatively little significance. Groups consisted of patients who had experienced their heart attacks from 1 to 24 months earlier ($M = 8.16$, $SD = 8.28$), no significant difference was found in their primary level of anxiety, and former research evidence shows that high rates of anxiety in heart patients continue up to 3 to 4 years after the heart attack event (Waltz et al., 1988). In contrast to the significant decline in anxiety levels from the first interview to the seventh meeting, the temporary increase between the 7th and the 10th (last) group meeting appears to be unique to and characteristic of this stage only. It is suggested that this part of the group's life will be defined as the termination stage (Keyton, 1993; Yalom, 1985). These findings show the importance of including waiting time and follow-up in the unit of group intervention.

Termination Stage Anxiety Level and Group Effectiveness

Analyzing the pattern of change in state anxiety level separately throughout each group's life reveals that in five groups (Groups 1 through 5 in Table 1), the pattern is similar to the general pattern: decrease in anxiety levels until the seventh group meeting, temporary increase at the termination stage, and decrease at the follow-up meeting. In the other two groups (Groups 6 and 7), the pattern is different.

Further analysis shows that these five groups also differ from the other two in the difference in anxiety level from the first interview to its level after the seventh group meeting. By measuring the difference of anxiety level only up to the seventh group meeting, the temporary rise in anxiety level at the termination stage was neutralized.

Although it is meaningless to calculate the significance of these differences by using *t*-test scores, due to the small size of each group, it is worth noting that in the five groups, the decrease in anxiety levels until the seventh group meeting is higher than 3, whereas in the other two, it is less than 1. It is suggested that these five groups are more effective in alleviating group members' anxiety level then the other two.

Figure 1 shows the average differences between the two patterns of anxiety change during the entire process. As one can see, at the first interview the anxiety level is similar, whereas in the five more effective groups, there is a significant decrease in anxiety level until the seventh meeting, t ($df = 199$) = 2.07, $p = .05$. No such difference was observed for the less effective groups, t ($df = 76$) = .202, $p = .84$. Figure 1 also shows a significant difference in anxiety level between the effective and noneffective groups after the seventh meeting, t ($df = 199$) = 1.92, $p = .05$.

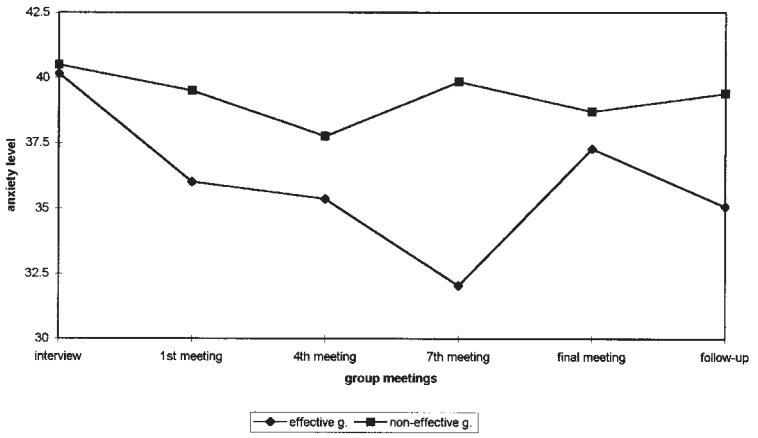

Figure 1: Average changes in state anxiety level: Effective and noneffective groups.

Group Characteristics and Anxiety Level

A multivariate regression analysis was conducted on anxiety level at the termination stage to determine which group characteristics explain its variation. The group characteristics, as derived from the GES (Moos et al., 1974) and served as independent variables, were gradually introduced into the regression in a stepwise procedure. The total score of the regression came to $F(2, 36) = 3.7$; $p = .03$; $R^{2adj} = .12$. Only two characteristics were found to explain 16% of the anxiety level variation at the termination stage. Eleven percent can be explained by task orientation, $t\,(df = 1) = 2.69$, $p = .01$; and 5% by cohesiveness, $t\,(df = 1) = 1.60$, $p = .11$. Each variable operates in a different direction: Cohesiveness increases anxiety level ($\beta = .34$) and task orientation alleviates it ($\beta = -.57$, see Table 2).

Members' Behavior at the Termination Stage

The qualitative analysis of group members' behavior at the group termination stage showed that evaluation, expressions of sadness, cohesiveness, and open communication existed in all of the groups. However, resistance and ambivalent behavior were observed in only five of the seven groups. A comparison of quantitative and qualitative findings indicated that these five groups were the same ones that were found to be more effective in alleviating anxiety.

TABLE 2: Multivariate Regression of Group Characteristics on Anxiety Level at the Group Termination Stage

Variable	F	P	β	R^2
Task Orientation	4.61	.03	–.57	.11
Cohesion	2.58	.11	.34	.05
Overall score	3.7 (2, 36)[a]	.03		.17
R^{2adj} = .12				

NOTE: Stepwise procedure: Dependent variable – state anxiety level at the termination stage; independent variables – members' perception of group characteristics at the group termination stage.
a. Only members that filled out the questionnaires at the last meeting were included.

These research findings show that, in general, support groups are effective in alleviating anxiety levels of patients recovering from a first-time heart attack. The findings also support the research hypothesis regarding the effect of group termination on members' anxiety level. This effect is partially explained by two group characteristics: task orientation and group cohesiveness. Qualitative analysis shows that resistance and ambivalent behavior were observed only in groups in which a temporary increase in anxiety level at the termination stage was found.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

The significant anxiety alleviation of heart attack convalescents during the waiting time and the temporary increase in anxiety levels at the group's termination stage serve as a basis for the conclusion that group intervention begins at the first connection with candidates and ends at the follow-up. Measuring each group's effectiveness before its first meeting as well as after its last meeting would have produced a negative effect on members' anxiety levels. In this case, such results would have contradicted the group members' oral evaluation in which they expressed the satisfaction they gained from the group and their high rate of attendance during group activities (average 90%).

Groups' effectiveness in general has been evaluated by comparing participants' and dropouts' anxiety level before and after the group intervention. This comparison is problematic, not only because the dropouts differ from the participants in their willingness to join in a group intervention but also because they were younger (on average) than the participants. Young patients recovering from a first heart attack appear to have different needs because

they have higher anxiety levels (see also, Kumar & Nirmala, 1987). They also appear to use the denial mechanism more than older convalescents (Krantz, 1980). Denial helps in regaining control of one's life after a heart attack (Shine, 1984). Conversations with young dropouts support this hypothesis: "Dwelling on the illness makes me feel bad. I want to forget about it as quickly as possible"; "I went back to work and haven't got any time"; "I feel I'm getting along even without the group. If I feel differently, I'll contact you."

Members of support groups that were more effective in alleviating the anxiety of heart attack convalescents tend to display resistance, ambivalence, and temporary increase in anxiety level at the termination stage. These findings have not been found in less effective groups. According to Eklof (1984), this temporary increase in anxiety levels can be understood as group separation anxiety, which is caused by the feelings of "losing a safe place to interact on a deeply personal level. There are feelings of being rejected by the leader, expressed as anxiety or even as overt hostility" (p. 567). Eklof's explanation is supported by members' remarks during their last group meeting: "If I have a question, can I call you [directed to the group facilitator]? During group activity, I could share everything with my friends in the group, I will miss it"; "What is going to happen now? Can we visit the Cardiac Clinic even though we are not group members any more?"; "The reason the facilitator is not ready to continue the group is that she wants to open a new one" (cynically remarked); "It was too short, there are many issues we have not discussed in the group yet."

Based on this study's finding that 5% of the increase in group separation anxiety is explained by group cohesiveness, one can argue that the higher the quality of bonds formed within a group, the more significant the group becomes in patients' lives and, consequently, the greater the perceived threat of separation. This claim is also supported by members' remarks: "The most important thing for me were the social connections I made in group. I feel like you are my brothers and I share more feelings with you than I ever did with them"; "Since I have been participating in this group, my wife has been complaining that you are more important to me than her"; "I never thought that I would make such close connections with strangers."

On the other hand, 11% of the alleviation in group separation anxiety is explained by task orientation, which in this stage of the group includes activities aimed to regain control of life, such as evaluation and personal summaries (Shine, 1984). These activities may serve as a transitional attachment (Astrachan, 1995), thereby decreasing separation anxiety. Thus, cohesiveness may be viewed as an inhibiting power, and task orientation may be viewed as a contributing power at the group termination stage (Lewin, 1951).

It is assumed that the balance between the two reflects a group's effectiveness in alleviating anxiety (Ross, 1991).

A question remains as to the explanation of the 84% of group separation anxiety that has not been explained by group characteristics. Simutis (1983) suggested members' and instructors' previous experiences with separation as one factor; other factors might be rooted in the dynamics of the group's composition, the loss of a supportive natural social network, and the members' own personal attributes. Further research is needed to improve the explanation rate of the anxiety levels at the termination stage. Further study is needed to gain a better understanding of the differences found in the pattern of changes in anxiety level throughout the life of the effective and noneffective groups. These differences occur despite the fact that the group leader, the setting, and the members' backgrounds were the same.

To generalize this research conclusion, they first should be tested on other groups in different settings. The results should be compared with a control group that has not been exposed to group intervention at all. A larger sample is also recommended.

Notwithstanding the research constraints, the conclusions are of considerable significance in understanding the correlation between group processes and group outcomes. Awareness of separation anxiety at the group termination stage allows group leaders to plan intervention methods to ease it. These could include gradual termination and follow-up meetings. Identification of the behavioral patterns that reflect separation anxiety provides the group facilitator with a tool for evaluating group effectiveness without necessitating empirical measurement. From a scientific viewpoint, the findings underscore the importance of assessing group effectiveness not only before and after professional intervention but also during the course of group life.

REFERENCES

Amit, H. (1982). *The correlation between supervisors groups' atmosphere and the environment in which their supervises operate*. Unpublished master's thesis, Tel-Aviv University, Ramat-Aviv, Israel.

Astrachan, J. H. (1995). Organizational departures: The impact of separation anxiety as studied in a mergers and acquisitions simulation. *Journal of Applied Behavioral Science, 31*, 31-50.

Barker, D. B. (1991). The behavioral analysis of interpersonal intimacy in group development. *Small Group Research, 22*, 76-91.

Ben-Sira, Z., & Eliezer, R. (1990). The structure of readjustment after heart attack. *Social Science and Medicine, 30*, 523-536.

Brower, A. M. (1989). Group development as constructed social reality: A social-cognitive understanding of group formation. *Social Work With Groups, 12*, 23-42.

Brower, A. M., & Garvin, C. D. (1989). Design issues in social group work research. *Social Work With Groups*, *12*, 91-102.

Cain, E. N., Kohorn, E. I., Quinlan, D. M., Latimer, K., & Schwartz, P. E. (1986). Psychosocial benefits of a cancer support group. *Cancer, 57*, 183-189.

Cassem, N. H., & Hackett, T. P. (1971). Psychiatric consultation in a coronary care unit. *Annual Journal of Internal Medicine, 71*, 9-14.

Cohen-Cohaner, R. (1982). *The effects of experiential learning on change in opinions among students regarding themselves and others*. Unpublished master's thesis, Tel-Aviv University, Ramat-Aviv, Israel.

Dies, R. R. (1985). A multidimensional model for group process research, elaboration and critique. *Small Group Behavior, 16*, 427-446.

Edelman, R. J. (1992). *Anxiety theory, research and intervention in clinical and health psychology.* Chichester, UK: Wiley.

Eklof, M. (1984). The termination phase in group therapy: Implications for geriatric groups. *Small Group Behavior, 15*, 565-571.

Flapan, D., & Fenchel, G. H. (1987). Terminations. *Group, 11*, 131-143.

Garland, J. A., Jones, H. E., & Kolodny, R. L. (1976). A model for stages of development in social work groups. In S. Bernstein (Ed.), *Explorations in group work: Essays in theory and practice* (pp. 17-71). Boston: Charles River Books.

Gitterman, A. (1989). Building mutual support in groups. *Social Work With Groups, 12*, 5-21.

Gottlieb, B. H. (1985). Social network and social support: An overview of research, practice, and policy implications. *Health Education Quarterly, 12*, 5-22

Havik, O. E., & Mealand, J. G. (1990). Patterns of emotional reactions after myocardial infarction. *Journal of Psychosomatic Research, 34*, 271-285.

Heinrich, R. L., & Schang, C. C. (1985). Stress and activity management: Group treatment for cancer patients and spouses. *Journal of Consulting and Clinical Psychology, 53*, 439-446.

Horlick, L. (1984). The effect of education and group discussion in the post myocardial infarction patient. *Journal of Psychosomatic Research, 28*, 485-492.

Ibrahim, M., Feldman, J., Sultz, H., Staiman, M., Young, L., & Dean D. (1974). Management after myocardial infarction: A controlled trial of the effect of group psychotherapy. *International Journal of Psychiatry in Medicine, 5*, 253-268.

Keyton, J. (1993). Group termination, completing the study of group development. *Small Group Research, 24*, 84-100.

Krantz, D. S. (1980). Cognitive process and recovery from heart attack: A review and theoretical analysis. *Journal of Human Stress, 6*, 27-38.

Kumar, G. M., & Nirmala, S. (1987). A study of death anxiety among heart attack patients. *Indian Psychological Review, 32*, 29-34.

Lewin, K. (1951). *Field theory in social science.* New York: HarperCollins.

Lewis, B. F. (1978). An examination of the final phase of a group development theory. *Small Group Behavior, 9*, 507-517.

Mennecke, B. E., Hoffer J. A., & Wynne, B. E. (1992). The implication of group development and history for group support system theory and practice. *Small Group Research, 23*, 524-572.

Mone, L. C. (1970). Short-term group psychotherapy with post cardiac patients. *International Journal of Group Psychotherapy, 20*, 99-108.

Moos, R., Insel, P. M., & Humphry, B. (1974). *Family, work and group environment scales: Manual*. Palo Alto, CA: Consulting Psychologists Press.

Moreland, R. L., & Levine, J. M. (1988). Group dynamics over time: Development and socialization in small groups. In J. E. McGrath (Ed.), *The social psychology of time: New perspectives* (pp. 151-181). Newbury Park, CA: Sage.

Peternel, F. (1991). The ending of a psychotherapy group. *Group Analysis, 24,* 159-169.
Rahe, R., Ward, H., & Hays, V. (1979). Brief group therapy in myocardial infarction rehabilitation: Three-to-four-year follow-up of controlled trial. *Psychosomatic Medicine, 41,* 229-242.
Robinson, E.A.R., & Doueck, H. J. (1994). Implications of the pre/post/then design for evaluating social group work. *Research on Social Work Practice, 4,* 224-239.
Ross, S. (1991). The termination phase in groupwork: Tasks for the groupworker. *Groupwork, 4,* 57-70.
Shine, K. I. (1984). Anxiety in patients with heart disease. *Psychosomatics, 25*(10), 27-31.
Simutis, C.L.T. (1983). *The effect of termination on cohesion and behavior in time limited growth groups*. Unpublished doctoral dissertation, University of Missouri, Columbia.
Spielberger, C. D. (1983). *Manual for the state-trait anxiety inventory.* Palo Alto, CA: Consulting Psychologist Press.
Steuer, J. L., Mintz, J., Hammen, C. L., & Hill, M. A. (1984). Cognitive-behavioral and psychodynamic group psychotherapy in treatment of geriatric depression. *Journal of Consulting and Clinical Psychology, 52,* 180-189.
Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, Extra Issue,* 53-79.
Waltz, M., Badura, B., Pfaff, H., & Schott, T. (1988). Marriage and the psychological consequences of heart attack: A longitudinal study of adaptation to chronic illness after 3 years. *Social Science and Medicine, 27,* 149-158.
Yalom, I. (1985). *The theory and practice of group psychotherapy* (3rd ed.). New York: Basic Books.