

# Group Cohesiveness, Group-Derived Collective Self-Esteem, Group-Derived Hope, and the Well-Being of Group Therapy Members

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I. D. Yalom's (1995) hypothesis that group therapy cohesiveness is the precursor to the development of group-derived collective self-esteem (CSE), hope for the self (HS), and psychological well-being (personal self-esteem and depression) was tested. Participants were 102 university counseling center group therapy clients from process ( $n = 54$ ) and theme ( $n = 48$ ) groups. Path analyses supported Yalom's theory that cohesiveness is the primary group factor and that it directly related to curative group factors such as CSE and HS. Additional path analyses showed that the relationship between group therapy CSE and personal self-esteem was moderated by HS, such that a significant relationship between CSE and personal self-esteem was no longer found once HS was entered into the model. Implications of these findings for research and practice are discussed.

In his theory, Yalom (1995) described cohesiveness as the primary curative group factor in group therapy, arguing that it facilitated greater collective self-esteem (CSE), hope for the self, and well-being. He described cohesiveness as the "necessary precondition for effective therapy" (Yalom, 1995, p. 50), and he argued that the experience of being in a cohesive group enabled group members to engage in the necessary self-disclosure and the personal exploration that is the hallmark of effective therapy.

Yalom (1995) specifically stated that cohesiveness was an agent of change in members' lives through "the interrelation of group self-esteem and self-esteem" (Yalom, 1995, p. 107). He described the importance of group self-esteem, as do many group dynamic researchers,

and he argued that cohesiveness alters personal self-esteem through acceptance and empathy from the group. Although Yalom did not directly define group self-esteem or cite the CSE literature, he described the importance of the development of group self-esteem, derived from cohesiveness and distinct from personal self-esteem. Yalom also theoretically linked the relationship between group therapy cohesiveness, group-derived self-esteem, and group-derived hope; however, there is little empirical support for the notion that cohesiveness is the primary group factor that facilitates the development of group self-esteem or hope. In addition, social psychologists have recognized the distinction between cohesiveness and group self-esteem, yet group therapy researchers have failed to empirically examine cohesiveness in relation to group self-esteem or group-derived hope.

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## Group Therapy Cohesiveness

The importance of group cohesiveness has been empirically supported in numerous studies (Budman, Soldz, Demby, & Davis, 1993; Hoberman, Lewinsohn, & Tilson, 1988; Hurley, 1989; Marziali, Munroe-Blum, & McCleary, 1997; Yalom & Rand, 1966), and a number of authors have described cohesiveness as the group counterpart to the "therapeutic alliance" in individual psychotherapy (Budman et al.,

1993; Marziali et al., 1997). Although the significance of group cohesiveness is supported in the literature, the actual relationship between cohesiveness and positive treatment outcome in group therapy has been unclear and indirect in nature. Tschuschke and Dies (1994) studied two long-term analytic groups and found that cohesiveness did not directly predict outcome and instead set the stage for group process to occur. Butler and Fuhrman (1983) found similar results where cohesion did not relate significantly to outcome but did to other variables necessary for positive outcome, such as lack of dropout and therapeutic group leader alliance. Similarly, Budman, Soldz, Demby, and Feldstein (1990) found that cohesiveness was indirectly related to outcome through dropout rate and attraction to the group. Dion (2000), in a broad review of group cohesion theory and research, argued that group cohesiveness, albeit a dominant construct within the group psychotherapy literature, is also a muddled one. Many researchers (Dion, 2000; Kivlighan & Lilly, 1997) have suggested that additional studies are needed to examine how group cohesiveness facilitates group member changes. Yalom (1995) theorized one way that cohesiveness facilitates changes, and that is through the development of group-derived self-esteem and group-derived hope for the self.

### CSE and Group Therapy

Yalom (1995) spoke about the importance of the group identity and the development of "collective self-esteem," yet the study of these group factors in group therapy has been limited. What is group-derived self-esteem, and how does it relate to well-being?

Crocker and Luhtanen (1990; Crocker, Luhtanen, Blaine, & Broadnax, 1994) studied the social identity and created a measure of this construct, the Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992). This measure of CSE is composed of four subscales: Private, Public, Identity, and Membership. The measure is unique because it taps into important facets of group membership: Public CSE examines how group members think outsiders view their group; Private CSE examines how members value their group; and Membership CSE examines how group members value their personal worth as group members. The CSES also incorporates an Identity subscale that measures

how much group members internalize the group and perceive the group to be a part of themselves. Studies have shown that increases in CSE are related to increased personal self-esteem and decreased depression across a large range of groups, including athletic teams (Branscombe & Wann, 1991; Cialdini et al., 1976; Schwartz, Strack, Kommer, & Wagner, 1987), religious groups (Blaine & Crocker, 1995), work groups (Gardner & Pierce, 1998; Meir & Green-Eppel, 1999), and racial/ethnic groups (Bat-Chava, 1994; Browne & Heppner, 1999; Crocker, Luhtanen, Blaine, & Broadnax, 1994; Luhtanen & Crocker, 1992; Mokgalhe & Schoeman, 1998).

Although contemporary group theorists (Bacal, 1995; Harwood & Pines, 1998; Kibel, 1992; Rutan & Stone, 2001; Yalom, 1995) have described the importance of the group self, few clinical researchers have examined group-therapy-derived CSE. Marmarosh and Corazzini (1997) argued that therapy groups benefit members more than through "liking" the group (i.e., group cohesiveness) but additionally by taking on group-derived self-esteem. Simply perceiving the group as cohesive does not necessarily mean that one perceives the group to be critical to his or her identity (Identity CSE) or that one perceives that others positively view his or her group (Public CSE). Researchers who have studied minority groups have described how group memberships can either buffer personal self-esteem or facilitate feelings of shame (Browne & Heppner, 1999; Crocker et al., 1994; Crocker & Major, 1989; Ethier & Deaux, 1990). Group members' belonging to a negatively perceived minority group is related to personal self-esteem, satisfaction with life, and depression. How the therapy group identity is related to personal self-esteem and depression has yet to be studied.

Shea and Sedlacek (1997) examined the differences between group cohesiveness and client satisfaction for therapy members in process and theme groups. Results indicated a significant positive correlation between group cohesiveness and client satisfaction. Shea and Sedlacek also found that theme group members reported greater cohesiveness and satisfaction with the group than process group members. The authors speculated that social identity theory explained this difference, theorizing that stronger social identity would lead to greater cohesiveness;

however, the members' group identity was not measured in the study. Although these authors did not measure collective identity, they did start to question the relationship between attraction to the group and group members' identification with that group.

Marmarosh and Corazzini (1997) speculated that social identity was an integral part of the group therapy process. They empirically tested the relationship between group members' group-derived self-esteem and changes in perceptions of themselves. An intervention was designed to enhance members' group self-esteem by having them carry a symbol of their group with them (a group card) and relying on their group during times of stress for 1 week. The results supported the positive impact that group identity has for group therapy members. Those group members who carried the group symbol with them reported greater CSE than those who did not receive the group identity intervention. Although this study supports the usefulness of interventions designed to increase group-derived self-esteem, it was limited in its ability to aid in a complete understanding of the relationship between the therapy group identity and other curative group factors (i.e., group cohesiveness and hope) as they relate to psychological well-being. For example, a recent study found that group self-esteem in college students positively relates to hope for the self (Cameron, 1999).

### Hope for the Self, CSE, and Group Therapy

Ogrodniczuk and Piper (2003) theorized that group cohesiveness *may* provide members with encouragement to attempt to "get better" or with optimistic expectations for improvement. In essence, members from cohesive groups may participate more in group therapy and have greater expectations that group therapy will help them achieve desired outcomes. Researchers have yet to demonstrate a link between group therapy cohesiveness and group member hope.

Cameron (1999) applied the motivational construct of self-efficacy to the social identity literature and found that one of the psychological benefits of belonging to a group was believing the group would enable the individual to achieve desired goals and to avoid feared future outcomes. Cameron found that a strong univer-

sity group identity predicted group-derived self-efficacy for college students and that there were significant indirect and direct paths to well-being, as assessed by measures of life satisfaction and depression. Cameron found that university-derived CSE related to self-esteem directly, as well as indirectly, via group-derived self-efficacy. These findings support Yalom's (1995) notion that group self-esteem derived from belonging in a cohesive therapy group leads to hope for the self and to well-being (depression and personal self-esteem). Cameron and the numerous social psychologists studying group CSE have been exploring the many ways that group membership facilitates positive changes for the self, and their research is applicable to the therapy group process.

### Present Study

The present study adds to the existing literature by examining Yalom's (1995) theory about the relationship among three variables: group therapy cohesiveness, group-therapy-derived CSE, and group-derived hope for the self. Using path analyses, we tested Yalom's theoretical assumption that cohesiveness directly leads to group therapy CSE and that group therapy CSE then leads to group-derived hope for the self. This study also emphasizes the theoretical distinction between liking or valuing the group, cohesiveness, and CSE. CSE, unlike cohesiveness, addresses the concern with how others view the group, the perception that the group is a part of one's own self, and the member's sense of being a valuable person in the group.

Past researchers found that CSE had a direct relationship to psychological well-being. Group members with greater CSE had less depression and greater self-esteem than group members with less CSE in a variety of groups. Researchers also found that CSE related to well-being indirectly via hope for the self (Cameron, 1999). In the present study we tested whether group-therapy-derived CSE related to well-being directly and via hope for the self in group therapy.

### Summary of Research Questions and Hypotheses

We tested the following hypotheses: (a) Group therapy cohesiveness, as defined by

Yalom (1995), will significantly relate to group therapy CSE, and an overall path model using cohesiveness first will present the best fit as compared with a model with CSE entered first; (b) group therapy CSE will directly relate to measures of psychological adjustment such as depression and self-esteem; and (c) there will be an indirect path to adjustment from CSE via hope for the self.

## Method

### *Participants*

Participants were 102 therapy group members from university counseling centers. Of those who completed the study, 60 were women and 42 were men. A total of 70 identified as Caucasian (69%), 17 as African American (17%), 9 as Asian American (9%), and 6 as Latin American (6%). Participants ranged in age from 18 to 40 ( $M = 22.10$ ,  $SD = 2.98$ ). The average number of sessions attended was 12. Thirty-nine members had been in their respective group for fewer than 8 sessions, and 63 members had been in their group for more than 8 sessions. Of the 102 participants, 54 were from process groups and 48 were from theme groups. Of the themes groups, 10 were grief/loss, 10 women's issues, 10 trauma, 9 relationship skill building, and 9 family issues.

Participants came to their respective counseling centers seeking assistance with personal and emotional problems. All of the participants were informed of their right to withdraw participation in the study and that their withdrawal would not impact their treatment. Participants were also made aware that group leaders and other group members would not have access to their responses on the questionnaire.

### *Measures*

Participants received a packet that contained measures of both group therapy factors and individual factors. The group therapy factors measured were group therapy CSE, group cohesiveness, and hope for the self. The specific measures addressing these factors were the CSES (Luhtanen & Crocker, 1992); the Schutz (1966) Cohesiveness Questionnaire, as modified for therapy groups by Lieberman, Yalom,

and Miles (1973); and Cross and Markus's (1991) assessment of hoped-for self.

*CSE.* The CSES (Luhtanen & Crocker, 1992) is a 16-item scale that requires participants to think about their membership in a social group. In this study, items were reworded to apply specifically to therapy groups, a practice similar to that used in Crocker et al.'s (1994) study on race and Marmarosh and Corazzini's (1997) collective identity group therapy intervention study. Reliability for the original measure is substantial, with alpha coefficients ranging from .76 to .92. This study generalizes those numbers to the modified version of the measure, as was done by Crocker et al. The scale's four subscales measure individuals' perceptions of the importance of membership in groups (Membership: e.g., "I am a worthy member of this therapy group I belong to"), their evaluation of their group (Private: e.g., "In general, I am glad to be a part of this therapy group"), their perception of others' evaluations of their group (Public: e.g., "In general, others respect the therapy group I am a member of"), and the importance of their self-concept (Identity: e.g., "In general, belonging to this therapy group is an important part of my self-image"). Crocker et al. found internal consistencies of the subscales to be .63, .79, .86, and .81, respectively, in the original measure. Alpha coefficients for this sample were calculated to test internal reliability. For the Membership, Private, Public, and Identity subscales in this sample, alphas were .68, .73, .81, and .85, respectively.

*Group cohesion.* The Schutz (1966) Cohesiveness Questionnaire, as modified for therapy groups by Lieberman et al. (1973), is a 13-item, Likert-type scale designed to measure the attractiveness of a group for its members and the degree of perceived belongingness or acceptance by other members in the group. Items ask members to reflect about their participation in the group, liking of the group, inclusion in the group, and feelings about the leader. The version of the measure used in this study has a coefficient alpha of .82 (Lieberman et al., 1973). This measure is widely used to measure group cohesiveness and has been found to have adequate content validity (Johnson & Fortman, 1988). In this sample, the coefficient alpha was .80.

*Hoped-for self and self-efficacy.* Open-ended assessments of hoped-for and feared pos-



sible selves were adapted from a methodology used by Cross and Markus (1991). Group members were first informed what hoped-for and feared possible selves were. Members were given examples of each—for instance, a hoped-for possible self could be “being a successful graduate,” and a feared possible self could be “failing out of school.” After receiving the definitions, members were asked to list their hoped-for and feared possible selves. Group members listed as many of each as they could imagine. For example, some group members in this study indicated fearing “being depressed” and “being alone,” while hoping for “marriage with children,” “success in their careers,” and “increased self-confidence.” Similar to a methodology used by Cameron (1999) to measure group-derived hope for the self, group members were then asked, “To what extent do you think being a member of your therapy group will help you accomplish/avoid this possible self?” A 6-point Likert scale was used, with 1 indicating *not at all* and 6 indicating *very much*. Perceptions of self-efficacy were measured by the question “How capable do you feel of accomplishing/avoiding this possible self?” A total score was used that combined items assessing group-derived hope for the self and personally derived hope for the self.

The individual factors measured were trait self-esteem and depression. The specific measures contained in the packet measuring these factors were the Trait Self-Esteem Scale (Rosenberg, 1965) and the Beck Depression Inventory (Beck, 1967).

*Trait self-esteem.* The Trait Self-Esteem Scale (Rosenberg, 1965) is a widely used and validated 10-item measure. Responses are made on a 4-point scale, from 1 = *strongly agree* to 4 = *strongly disagree*. The scale is internally consistent, with alpha coefficients ranging from .77 to .88 (Rosenberg, 1965). The coefficient alpha for this sample was .83.

*Depression.* The Beck Depression Inventory (Beck, 1967) is a 21-item measure designed to assess the presence and severity of depression by assessing cognitions, affect, behaviors, and interpersonal as well as somatic symptoms. Participants rate each item on severity from 0 to 3. Beck (1967) demonstrated an internal consistency ranging from .86 to .93, with split-half reliabilities ranging from .78 to

.93. The alpha coefficient for this sample was .88.

### Procedure

Counseling centers were randomly selected from the National Counseling Center Directory. Two hundred were contacted via E-mail regarding participation in the study. The E-mail contained a description of the study and a call to participate. Seven centers responded to this initial E-mail. To increase participation, we sent another set of E-mails to the 193 centers that did not respond to the first inquiry. Several private practitioners who lead therapy groups were contacted as well, although none of their group members participated in the study. Of the centers contacted, 4 agreed to participate in the study.

Individual group member participation in the study was strictly voluntary and did not affect the availability of treatment. Participants were told that their group leaders were masked to their responses and to their decision of whether to participate. Participants completed packets at home and mailed them to the investigators in a provided addressed, stamped envelope. Upon receipt of a packet by the investigators, the respective participant was mailed a check for \$10.

### Results

Table 1 reports the means, standard deviations, and correlations for total CSE, cohesiveness, depression, and trait self-esteem. As shown, significant correlations were found between CSE, cohesion, and depression. There were no significant differences due to race or gender on cohesiveness, CSE, depression, or trait self-esteem. To examine the impact of length of treatment on these variables, we divided group members into “new” and “experienced” groups. Those in the therapy group for fewer than eight sessions were considered new group members, and those in the group for eight or more sessions were considered experienced. Length of treatment has been shown to predict the success of group interventions (Kivlighan, McGovern, & Corazzini, 1984) and the strength of group identity (Marmarosh & Corazzini, 1997). Both of these studies found differences after eight sessions of group treatment. A 2

Table 1  
*Descriptive Statistics and Zero-Order Correlations for Study Variables*

Variable	1	2	3	4	5
1. Total group cohesion	—	.78***	.37***	-.46***	.64***
2. Collective self-esteem		—	.40***	-.58***	.66***
3. Personal self-esteem			—	-.43***	.58***
4. Depression				—	-.49***
5. Possible selves					—
<i>M</i>	59.36	81.84	28.43	12.20	36.30
<i>SD</i>	14.40	20.27	7.32	10.57	7.85

\*\*\*  $p < .001$ .

(group type: theme vs. process)  $\times$  2 (length of treatment: new vs. experienced group member) analysis of variance was run to test the interaction of type of therapy group and length of treatment on therapy group CSE. No significant main effects or interactions were found,  $F(1, 101) = 0.91, p > .05$ . A 2 (group type: theme vs. process)  $\times$  2 (length of treatment: new vs. experienced group member) analysis of variance was run to test the interaction of type of therapy group and length of treatment on therapy group cohesiveness. No significant main effects or interaction were found,  $F(1, 101) = 1.97, p > .05$ . Because there were no differences due to length of treatment or type of group, these differences were not addressed in further analyses, and data were combined across these variables in our main analyses.

To determine whether there was a significant difference in perceived cohesiveness related to being in a particular group, we performed one-way analyses of variance using group as the independent variable and group cohesiveness as the dependent variable. No main effect for group was found. Because no effect for group

was found, individual group members' cohesiveness was used in the analyses.

### Path Analyses

Path analyses were run using maximum-likelihood estimation in AMOS 4.

*Hypothesis 1.* Two paths were run to test the first hypothesis. In Model 1 (see Figure 1), CSE significantly predicted personal self-esteem and significantly inversely predicted depression. In Model 2 (see Figure 2), group cohesion significantly predicted CSE; CSE then significantly predicted personal self-esteem and significantly predicted depression.

Comparison of the models shows that Model 1 had a poor fit (see Table 2); chi-square was significant,  $p < .001$ ;  $\chi^2/df$  was large; the comparative fit index was small (Kaplan, 1990); and the root-mean-square error of approximation confidence interval did not meet the cutoff (Hu & Bentler, 1999). Model 2, however, had an excellent fit. This indicates that a model that has group cohesion leading to CSE fits the cur-

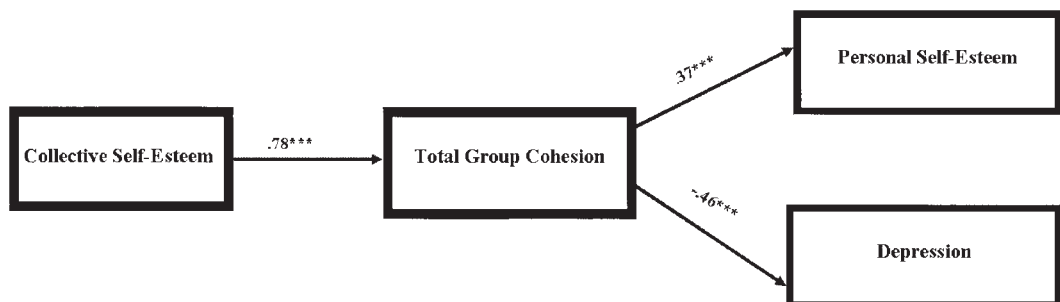


Figure 1. Path analyses with group-therapy-derived collective self-esteem leading to group therapy cohesiveness and from cohesiveness to self-esteem and depression. \*\*\*  $p < .001$ .

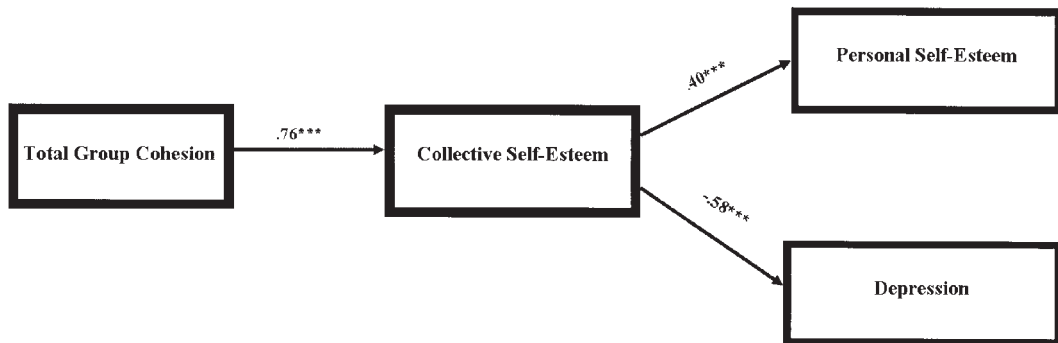


Figure 2. Model based on Yalom's theory of group cohesiveness. All paths were hypothesized to be positive: group cohesiveness leading to group-derived collective self-esteem (CSE) and CSE leading to self-esteem and depression. \*\*\* $p < .001$ .

rent data better than a model with CSE leading to group cohesion.

*Hypothesis 2.* To test the second hypothesis, we ran a third path analysis and compared it with Model 2. Model 3 built on the findings of Model 2 but added possible selves as a mediator between CSE and both personal self-esteem and depression (see Figure 3). In Model 3, group cohesiveness significantly predicted CSE. CSE significantly predicted hope for the self and significantly inversely predicted depression. Possible selves significantly predicted personal self-esteem. Model 3 had an excellent fit (see Table 2).

Comparison of Models 2 and 3 shows an important difference. Whereas in Model 2, group cohesiveness significantly directly leads to personal self-esteem, it does not do so in Model 3. Rather, in Model 3, the relationship between CSE and personal self-esteem is moderated by possible selves, with an indirect effect of .40 between CSE and personal self-esteem.

### Regression Analyses

To understand which distinct aspects of group therapy CSE accounted for the most variance in the prediction of depression, we performed a forward regression analysis with cohesiveness and the subscales of CSE—Private, Public, Identity, and Membership—on depression (see Table 3). The forward regression revealed that Public CSE accounted for the most significant amount of variance in the prediction of depression. Cohesiveness, however, did not account for a significant amount of variance in the prediction of depression. These results support the importance of individuals' perceptions of others' valuing or devaluing their group memberships.

### Discussion

Theorists have argued that the group is powerful in its effects on the individual. This study

Table 2  
Model Fit Indices ( $N = 105$ )

Model	df	$\chi^2$	$\chi^2/df$	CFI	RMSEA	RMSEA 90% confidence interval	
						Lower bound	Upper bound
Model 1	3	27.47***	9.16	.843	.284	.193	.386
Model 2	3	8.51*	2.84	.965	.135	.030	.246
Model 3	4	11.69*	2.92	.968	.138	.050	.233
Target value		ns <sup>a</sup>	<3.00 <sup>a</sup>	>.96 <sup>b</sup>	<.06 <sup>b</sup>	<.06 <sup>b</sup>	<.06 <sup>b</sup>

Note. CFI = comparative fit index; RMSEA = root-mean-square error of approximation.

<sup>a</sup> Kaplan (1990). <sup>b</sup> Hu and Bentler (1999).

\*  $p < .05$ . \*\*\*  $p < .001$ .

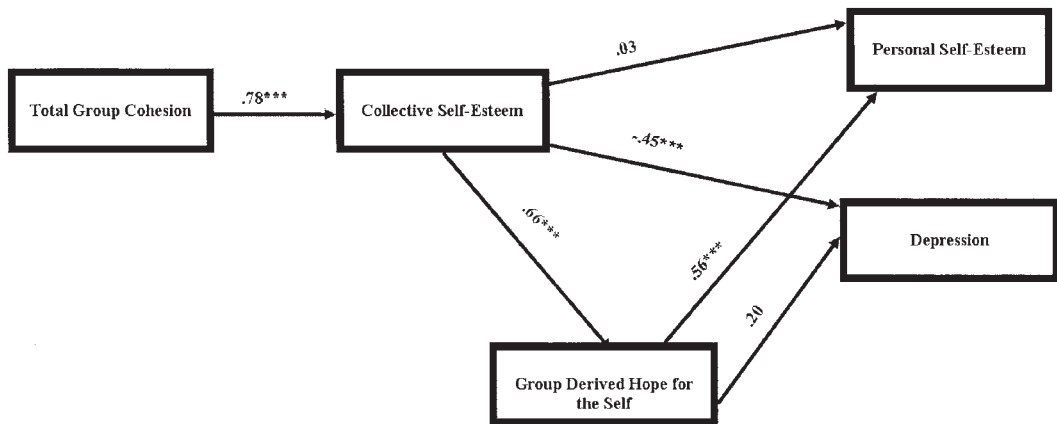


Figure 3. Model based on Yalom’s theory of group cohesiveness along with Bandura’s model of self-efficacy. In addition to the paths between group-derived collective self-esteem and self-esteem and depression, self-efficacy (hope for the self) was examined. \*\*\* $p < .001$ .

serves to extend their theories and research to therapy groups, joining group dynamic theory and clinical practice. The results of our study support Yalom’s (1995) hypotheses about group cohesiveness and how group cohesiveness leads to group CSE, hope, and measures of well-being such as depression and self-esteem. The findings also support the social psychological literature in the area of social identity theory.

Path analyses supported the importance of group cohesiveness leading to collective aspects of the self. Yalom (1995) argued that cohesiveness is a powerful curative factor in the group that facilitates a variety of curative group factors. Researchers have supported the importance of group cohesiveness and found that there was a significant relationship between cohesiveness in therapy groups and client satisfaction (Shea & Sedlacek, 1997), that cohesiveness was related to group therapy outcome (Budman

et al., 1990), that perceived cohesiveness is related to less client dropout, and that more successful groups were more cohesive (MacKenzie, Dies, Coche, Rutan, & Stone, 1987). Mullen and Copper (1994) have come to the conclusion that although cohesion is vital in facilitating the liking of a group, and therefore group satisfaction and attendance, it may indirectly relate to outcomes such as depression. Few studies have looked at how cohesiveness may actually facilitate additional curative factors in therapy such as group-therapy-derived CSE and hope for the self.

This study found that group therapy CSE and cohesiveness are highly related yet distinct constructs. The path model with cohesiveness entered first was the best fit and supports Yalom’s (1995) and Mullen and Copper’s (1994) assumption that cohesiveness is critical in developing the atmosphere in which curative factors

Table 3  
*Simultaneous Regression Equation Predicting Group Members’ Depression Using the Four Subscales of the Collective Self-Esteem Scale (CSES) as Predictors and Cohesiveness as the Criterion*

Predictor	$\beta$	$t$	$R^2$	Adjusted $R^2$	$\Delta R^2$	$F$ change
Step 1: Public	-.538	6.37***	.289	.282	.289	40.64***
Step 2			.319	.306	.031	4.45*
Public	-.333	2.61**				
Private	-.269	2.10*				

Note.  $N = 102$ . Public = Public subscale of the CSES, which indicates how members perceive others’ opinions of their group; Private = Private subscale of the CSES, which indicates how a member values his or her group membership. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .



thrive. Group therapy cohesiveness facilitates members' CSE, and CSE is both directly and indirectly related to group members' well-being. The high correlation between group therapy CSE and cohesiveness was significant. Some could argue that such a high correlation means that the two constructs are inseparable and that there is not a significant difference between group therapy CSE and cohesiveness. Theoretically and statistically, this assumption was not fully supported. These two variables were highly correlated and still theoretically distinct constructs that had a different impact on a third variable, depression.

In this study we attempted to clarify how group-therapy-derived CSE impacts depression and trait self-esteem. Consistent with our hypotheses, CSE appeared directly related to depression and self-esteem until hope for the self was entered into the path model. When hope for the self was entered, CSE continued to significantly relate to depression but failed to significantly relate to personal self-esteem. It is interesting to note that hope for the self significantly related to personal self-esteem but not to depression.

Cameron (1999) similarly found that group-derived self-efficacy did not directly relate to depression, but he found that it did significantly relate to satisfaction with life. Cameron found that self-esteem was related to depression, but he did not examine the direct effect that group identity had on depression. Whereas prior research has shown that trait self-esteem is highly related to CSE, this study found that when hope for the self was taken into account, CSE was only indirectly related to self-esteem, via hope for the self.

In addition, a forward regression using CSE subscales and cohesiveness to predict depression indicated that cohesiveness did not account for a significant amount of variance in the prediction of depression. Instead, we found that Public CSE, group members' perception of how others view their therapy group, and Identity CSE, group members' internalization of their therapy group, accounted for a significant amount of variance in the prediction of depression. These findings are significant, because there has been little examination of the impact of belonging to a therapy group that members perceive as shameful or embarrassing or how

that perception impacts members' ability to benefit from the therapy group.

Countless studies have shown collective identity for groups such as racial/ethnic, work, athletic, and religious groups to be related to depression, but this is the first study to link the CSE derived from the therapy group to depression. The fact that the group therapy identity is significantly related to depression, maintaining its significant relationship despite the effect of self-efficacy, is consistent with the empirical research and the theories of classic theorists such as Bion (1959, 1970) and Winnicott (1969, 1971), who described the internalization of the group as a powerful instrument of change. In essence, this study supports the importance of group members taking on the group identity.

One of the debates in the therapy literature revolves around the importance of universal curative factors (Fuhrman & Burlingame, 1994) versus the notion that there are no universal curative factors and only multiple sources of therapeutic change across group types and individual issues (Dies, 1997). This study supports the perspective that there are universal group factors that relate to well-being independent of session length, type of group (theme or process), or the individual issue for which treatment is sought. This study did not find significant differences between theme and process groups for either CSE or group cohesiveness. There was also no significant difference of CSE or cohesiveness related to length of treatment.

Although this study supports Yalom's (1995) hypothesis about cohesiveness and is the first study to examine group-derived CSE and well-being, it has limitations. The major limitations to the current research are methodological. The measurement of group process at one point in time with self-report measures is one limitation. Recent research suggests that dynamic repeated measures of group climate provide more accurate information about group therapy and process (Kivlighan, Coleman, & Anderson, 2000; Kivlighan & Lilly, 1997). Future research that explores the development of group-therapy-derived CSE will add to the understanding of CSE and its relationship to self-efficacy, self-esteem, and depression.

Although the results are based on structural equation modeling, the data are correlational; therefore, it is not possible to draw any causal relationships among these variables. The find-

ings from the model are thought provoking and allow us to begin to tease apart the relationships between closely related group factors and adjustment, but future empirical studies are needed to truly understand how changes in CSE relate to changes in self-efficacy and adjustment. Future research is needed that focuses on the process of developing CSE and cohesiveness in group therapy while examining aspects of well-being in the beginning of group therapy, during treatment, and at termination. A more sophisticated experimental design would yield more information on how collective identity's positive changes develop over time and relate to other group processes. Using hierarchical linear modeling, for example, one can examine treatment issues and group effects as they relate to group factors and the development of group-therapy-derived CSE. MacNair-Semands and Lese (2000) reported that individuals in group therapy who have interpersonal problems tend to report less cohesiveness at the end of therapy. It would be interesting to see how group therapy CSE develops over time for those with more severe interpersonal problems and how group therapy CSE is impacted by group factors such as group conflict and group leadership (Kivlighan & Tarrant, 2001).

The debate about the definition and measurement of cohesiveness is a long one that impacts both the field of group research and specifically this study. We used a one-dimensional, self-report measure that Yalom (1995) used in his research rather than a more complex measure. Piper (1982), for example, described distinct aspects of group cohesiveness that included the relational bond to the entire group, to its members, and to the leader. He advocated using a more complex measure of group therapy cohesiveness and looking at it from multiple perspectives. Dion (2000) suggested that cohesiveness is a multidimensional construct and that almost all group factors are types of group cohesiveness. For example, he considered belonging, social identity, and attraction to the group all to be aspects of group cohesiveness. MacKenzie (1983) also identified multiple dimensions of cohesiveness and advocated measuring group engagement as one major facet. Mudrack (1989) responded to the difficulties defining cohesiveness and identified this limitation in group research. He criticized the literature and described the ease with which researchers use

the term *cohesiveness* and how difficult it is to define it in a consistent and clear manner. We decided to use Yalom's measure because we were interested in testing his theory of group cohesiveness. We also felt that measures of group cohesiveness that integrate the social identity into one multidimensional measure of cohesiveness would continue to muddy the waters as opposed to teasing apart these similar yet unique theoretical constructs. This research supports the importance of maintaining a theoretical distinction between the related factors of cohesiveness and group-derived CSE.

In addition, we used the group members' individual perception of group cohesiveness instead of an actual group factor of group cohesiveness. In essence, we focused on the group members' perception of the group rather than obtaining an average score for group cohesiveness and assuming each group has a unique aggregate level of group cohesion. Again, the assumption of group cohesion being an individual variable is debatable. On the basis of our methodology and the nonsignificant group, we examined only the group members' perceptions of their group experience.

Although this study yielded significant and interesting results, future research is needed to increase understanding of group-therapy-derived CSE. A sample with more group member diversity would increase the generalizability of the findings to group members of different races and ethnicities. In addition, further research is needed to explore the differing relationship of CSE, hope for the self, and well-being while examining for differences in CSE subscales. Because of the small sample size, we were unable to explore the subscales in the path analyses. The regression analyses revealed that Public CSE, the way group members perceive others to view their therapy group, accounted for the most variance in the prediction of depression. This finding is significant and demonstrates that the shame one feels for belonging to the group or the stigma of being in a therapy group is significantly related to group members' depression. Group members who are able to feel positively about being a member in a therapy group are more likely to feel better in general.

The results of this study provide important information for group practitioners. Although cohesiveness is an integral construct within group therapy, it seems less tied to depression

than does group therapy CSE. Group therapists should be aware that in addition to building a sense of value and liking of the group, it is important to address how group members internalize the group, carry the group with them when they leave the session, and perceive others to view their group. It is important to explore group members' feelings of shame in belonging to a therapy group. Members may value the group but feel that others devalue it. In addition, group members may feel positively about their therapy group but feel that they are unimportant members. Group therapy CSE explores all of these different aspects of group membership.

On the basis of these results, developing interventions that increase CSE would seem to have positive results in increasing group therapy outcome. More attention needs to be paid to the development of CSE especially for different types of therapy groups. Marmarosh and Corazzini (1997) demonstrated an effective method of increasing group therapy CSE and studied the impact of a group therapy intervention aimed at building group-derived CSE. Similar group therapy interventions, aimed at building group therapy CSE over the course of treatment, will improve our understanding of how CSE aids in group therapy process and group therapy outcome.

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