COHESIVE EXPERIENCES OF YOUNG WOMEN IN SUPPORT GROUPS: A PHENOMENOLOGICAL STUDY

A DISSERTATION

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To the Dean for Graduate Studies and Research:

I am submitting herewith a dissertation written by Louise Ratliff Hintze entitled "Cohesive Experiences of Young Women in Support Groups: A Phenomenological Study." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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ABSTRACT

The present study investigated young adult women's perceptions of cohesion to determine the common elements of cohesion and to identify the essential structure of cohesion. Eight women between the ages of 24 and 45, actively involved as support group members, were interviewed. Interviews followed guidelines designed to elicit descriptions of cohesion and were semi-structured in format.

Analysis of the data yielded findings which included a description of the experience of cohesion. The data in addition indicated the importance of qualitative research in concept clarification. Based upon the study's findings, the concept of cohesion is defined as a manner of being in the world experienced as a sense of bonding with, or being linked to, other group members. This bonding occurs both as emotional acts toward members

of the group and cognitive acts toward group goals, norms, and ideas. Cohesion is experienced emotionally as feelings of caring, love, belonging, acceptance, closeness, and trust. Cohesion is experienced cognitively as an increased understanding of health problems and coping behaviors, assimilation of group norms, and examination of personal behaviors and problems.

With the information obtained from this study, several potentially useful findings can be extrapolated. A clearer understanding and a more complete description of group cohesion are noted. By extending the current knowledge about the essence of the concept, mental health professionals can develop interventions to facilitate group bonding and tools to measure the defining attributes.

The interrelationship statement generated from the results of this study identifies possible constructs within a theory of cohesion as well. This statement was formed as: The greater the intermembership similarity, sharing, and mutual identification, the more cohesive the group, and the more cohesive the group, the more a member's self-esteem, hope, coping, participation, goal attainment, and healthy relationship-building will improve.

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CHAPTER I

INTRODUCTION

That individual behavior is, at times, demonstrably altered when individuals are placed in small groups is well supported by empirical evidence. Working with clients in groups has become one of the most frequently used treatment modalities in psychiatric nursing. As well as other disciplines, the group setting can provide a good approximation of many real life experiences, helping persons transfer actions carried out in the group into their everyday life. Economy in the use of staff and client resources is an additional reason for the increase in the use of group therapy and self-help groups, both in institutionalized service agencies and noninstitutionalized settings.

Cohesiveness is a concept often associated with small-group theory. The unity and attraction accompanying a cohesive group are seen as positive qualities that generate satisfaction with group life, unity and attraction are necessary and, at times, sufficient for achieving desirable group outcomes (Frank, 1957; Yalom,

1985). This positive valence of cohesiveness has invited broad application of the concept as a central property of all groups (Beeber & Schmitt, 1986), and as a curative factor, or outcome factor, in therapy groups (Yalom, 1985). Nursing authors generally identify cohesion as a therapeutic process that facilitates adherence to group norms, positive behavior changes, and maintenance of membership (Loomis, 1979; Marram, 1973; Van Servellen, 1984).

Ironically, much confusion exists about cohesion as a group characteristic. Most of the important experimental research on the determinants of cohesiveness was completed relatively early in the development of social psychology (1950-1965). This large amount of empirical and theoretical work did not greatly aid in the formulation of an abstract, out-of-context definition of the concept (Bednar & Kaul, 1978; Beeber & Schmitt, 1986; Evans & Jarvis, 1980). This problem arose because researchers, who looked at either various properties of cohesiveness or alternately at various effects of it, formulated either different operational definitions or different conceptual definitions. The consequences were that one cannot obtain a consensual definition of the phenomenon (Bednar & Kaul, 1978). Due to the lack

of a current accepted theoretical and operational definition for the concept of cohesion, Beeber and Schmitt (1986) suggested two alternative approaches: (a) discontinue the attempt to define and measure the concept by focusing on the various properties, or (b) further specify the concept by clarifying the defining attributes through appropriate research, thus enhancing a theory building role.

Hinshaw (1979) asserted that when concepts are vague and undefined a qualitative research orientation, such as phenomenology, should be used to identify relevant properties. Oiler (1981) proposed that elusive concepts can be clarified only by attending to them as human experiences. Spiegelberg (1965, 1975) stated that phenomenology should be used when the researcher wants to describe new phenomena or new aspects of old phenomena, to assist with concrete meanings of phenomena, or to identify complex characteristics for which intersubjective criteria as direct or indirect measurement cannot be specified. The three fundamental types of research problems that phenomenologists may seek to understand are: (a) the interpretation of the single, unique event, (b) the interpretation of a single, unique individual,

and (c) the interpretation of a general or repetitive psychological process (Keen, 1975).

Since the practice of nursing involves group work, either directly as group leaders or as professionals who refer, it is important to understand the basic components of group cohesion to enhance the effects of this treatment modality. Concrete experiential descriptions by persons who are group members are needed to provide a full understanding of this group concept.

Problem of the Study

The research problem of this study was: What is the lived experience of cohesion for young adult women in support groups?

Purpose of the Study

The purposes of this study were:

1. To identify the common elements of cohesion as experienced in the world by young adult women in support groups.

2. To identify the essential structure that is implicit in the experience of cohesion.

Rationale for the Study

It is well documented, and has been a special focus of group therapy researchers and practitioners, that groups are instruments of individual behavioral and organizational changes (Frank, 1957; Janis, 1972; Traux, 1961). One group factor which theorists have identified as facilitating or impeding change is cohesion (Cartwright, 1968; Frank, 1957; Yalom, 1985). Yalom (1985) stated that cohesion is a necessary curative factor for both therapeutic change in clients and the developmental growth of the group. Yalom defined cohesion as "the attraction of the group for its members" (p. 49). He perceived cohesion as a property of both the group and the individual member, and wrote that members of cohesive groups are accepting of one another, supportive, and inclined to form meaningful relationships in the group.

Frank (1957, 1975) considered cohesiveness an attribute or property of the group. According to Frank cohesiveness is probably the most important therapeutic feature of a group because of the effects it has on the members. These effects were identified as an increase in self-esteem, conflict resolution, behavioral changes,

and an increase in risk taking. Frank defined cohesion as "the member's sense of belonging to a group or the attraction of a group for its members" (p. 54).

Nursing authors, as well as group therapists, identify cohesion as an important therapeutic process Lommis, 1979; Marram, 1973; Van Servellen, 1984). These authors also see cohesion as an attribute that increases self-esteem, resolves conflicts, maintains group membership, and promotes positive behavioral changes. Yalom (1985) is most often quoted when nurses write about cohesion in small groups.

Although cohesion is widely accepted as a valuable group characteristic, the construct has been defined and operationalized in varied ways (Albert, 1953; Bednar & Kaul, 1978; Beeber & Schmitt, 1986; Eisman, 1959; Evans & Jarvis, 1980). Currently cohesion is so loosely defined and covers such a broad range of phenomena that difficulties in operationalizing the definition and measuring the concept result (Stockton & Hulse, 1981). Bednar and Kaul (1978) argued that because of the lack of definitional clarity and measurement problems, the term should be dropped from the empirical vocabulary, and that editors refuse any research that fails to specify equivalence between conceptual and operational

definitions. Knowledge about the common elements of cohesion would assist in identifying the essential structure necessary to formulate an understanding of the concept.

If cohesion is a basic group concept which provides a framework for nursing action, it should be identifiable within the lived experience of group members. Self-help groups which serve as primary, secondary, and tertiary prevention modalities have much to recommend them as sources of information about the nature of therapeutic processes, social support systems, and small groups. By observing the operation of self-help groups in a natural setting, professionals have a unique opportunity to gain insight into the psychotherapeutic processes of everyday life (Bergin & Lambert, 1978), an opportunity which in turn holds the promise of increasing the effectiveness of all therapeutic modalities.

Philosophy of Phenomenology

Identification of Key Ideas

Phenomenology is a philosophy as well as a research approach that developed as a result of the limitations of traditional scientific methods to examine the human

being as a whole. From the point of view of the phenomenological paradigm, predicting and controlling behavior are not particularly important goals, nor are they criteria of knowledge (Keen, 1975). Knowledge is understood to be the best understanding that we have been able to produce thus far, not a statement of what is ultimately real or infallible (Polkinghorne, 1983). Knowledge claims are accepted by the scientific community when the statements have the power to convince that community an improvement exists over previous understanding. This convincing takes place through the process of practical reasoning, not through the process of demonstrative reasoning. Knowledge verification is agreement based on the fact that the knowledge is already how the individual understands himself (Keen, 1975). Science becomes the creative search to understand better.

The phenomenological paradigm rests on the assumption that everyday, nontheoretical self-understanding can be the subject matter of knowledge. Phenomenology will thus seek to make clear how we are as living and experiencing people (Polkinghorne, 1983). The positivist paradigm, as distinguished from the phenomenological, does not address the question of how individuals actually live their experiences. Additional basic assumptions

of the phenomenological paradigm are: (a) phenomena, or the nature of reality, do not converge into a single form, a single truth, but diverge into many interrelated forms, multiple truths; (b) all phenomena are characterized by interactivity, or are influenced by interaction between inquirer and phenomenon; and (c) the focus is on understanding particular events in concrete terms (Guba, 1978).

Phenomenology is neither a science of objects nor a science of subjects; it is a science of experience (Spiegelberg, 1975). It does not concentrate exclusively on either the objects of experience nor on the subject of experience, but on the point of contact where being and consciousness meet. It is, therefore, a study of consciousness as intentional, as directed toward objects, as living in an intentionally constituted world (Gurwitsch, 1967). The subject and object are studied in their strict correlativity on each level of experience (perception, imagination, memory, etc.). Such a study is transcendental in the sense that it aims at disclosing the structure of consciousness as consciousness, or experience as experience. Phenomenology is the study of phenomena and is never an investigation of external or internal facts (Giorgi, 1985). On the contrary, it

leaves the question of objective reality aside in order to turn its attention to the reality of consciousness, or the objects insofar as they are intended by and in consciousness.

Key Figure in Theoretical Development

Edmund Husserl, considered by many to be the father of phenomenology (Polkinghorne, 1983; Schwartz & Jacobs, 1979), wanted to arrive at philosophy as a rigorous science. The starting point of his philosophy was the entire field of original experience (Kockelmans, 1966). He believed that absolute knowledge was grounded in experience and saw science as the world directly experienced. He stated that knowing rationally was the only way to know (Husserl, 1913/1931). In order to find evidence for the acceptance of things and events in the real world, one must turn to the things about which suppositions are made. Turning to the things themselves involved turning toward concrete referents in experience, or restated, to the uncensored phenomena, to the immediate original data of consciousness (Spiegelberg, 1975). By turning to and concentrating upon the life of consciousness, one can encounter apprehensions of meanings, or perceptions about objects such as houses,

trees, and one's fellow being, or memories of past experiences.

The task of phenomenology, as explained by Husserl, was to determine what things or objects themselves are as they appear in consciousness and to describe them exactly as experienced (Husserl, 1913/1931). All objects of experience are subjectively known, and one can identify what constitutes a thing in itself by examining the process by which one experiences the knowing of its appearance and its appearing. "Object" is meant to apply to a perceivable thing encountered in everyday common experience. The term can apply to things of cultural value such as utensils, religion, language, or to constructs of science such as matter, energy, and force, or to specific social realities such as opinions and beliefs (Gurwitsch, 1967). Every object reveals itself through acts of consciousness, as that which it is for the individual, as that which the individual takes it to be, and as the role and function assigned to it in the individual's conscious life. Some examples of acts of consciousness are perception, memory, desire, imagination, expectation, and thinking. In and through these specific acts, the object displays its qualities, properties, and attributes (Merleau-Ponty, 1981). In

other words, the object exhibits the components that contribute to determining its sense or essence. Husserl used the term "essence" to indicate that which is the intimate self-being of an individual thing, or namely its mode of presenting itself in consciousness. "The search for essences means to search for the most invariant meaning or identity that can be assigned to a phenomenon for a given context" (Giorgi, 1987).

Because of their essential reference to acts of consciousness, objects may be said to depend upon or to be relative to consciousness. Husserl referred to this as "intentionality" (Gurwitsch, 1940). Intentionality is directedness, or the orientation of the mind to its object, so that the object begins to exist in an intentional way in the mind. For example, in experiencing an act of meaning, we find ourselves directed to the thing understood, in perceiving, to the thing perceived, and in loving or hating, to the person loved or hated. The character, therefore, of the known object depends on the character of the act by which it is grasped (Spiegelberg, 1975). Because of the intentionality of consciousness (toward objects), the person is in direct contact with the world. The world is defined as the totality of objects for a subject

(Husserl, 1913/1931). Perceptions and behaviors are expressions of being in the world, and the data to be examined.

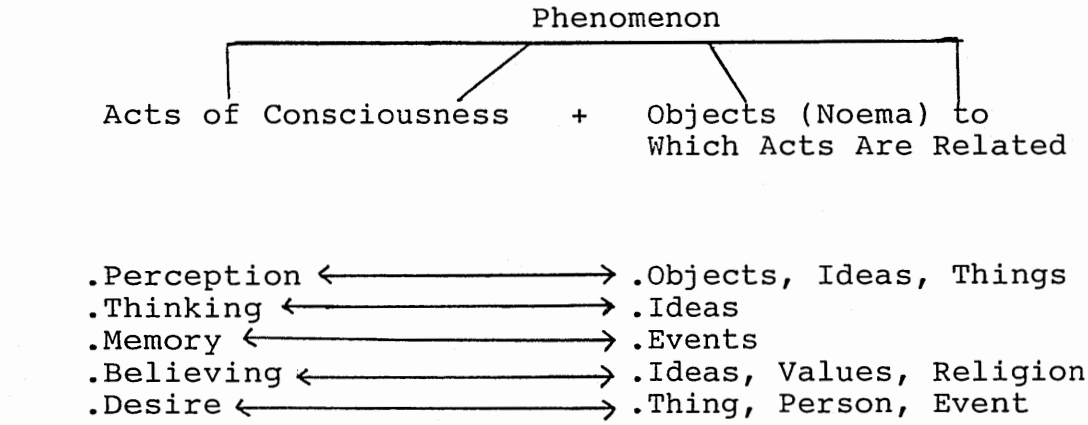
As indicated, there is a difference between the acts of consciousness and objects in the world. There is, for example, a difference between the act of meaning apprehension and the meaning apprehended, or the act of perceiving and the perceptual apprehension (Gurwitsch, 1967). Husserl used the term "noema" to denote the object (a certain person, event, state of affairs, or construct) as meant or intended in any mode whatsoever (Schmitt, 1959). Meaning would be defined, therefore, as an object as it is intended; a certain person, event, or state of affairs which presents itself, taken exactly as it presents itself in consciousness (meaning apprehended). The acts of meaning apprehension constitute each person's thought or representation of the person, object, or event (Gurwitsch, 1967). Consciousness can be defined as a noetico (subject in relation to the subject) and noematic (object in relation to subject) correlation (Polkinghorne, 1983). It is a many-to-one correlation insofar as an indefinite multiplicity of acts can correspond to the same noema. To establish the identity of the noema, one has to contrast it with the multiplicity of acts,

and an act of consciousness cannot be understood without reference to the noema involved. Identity is defined as a fact irreducible to any other, a fact of consciousness (Husserl, 1913/1931). Table 1 illustrates the relationship of acts of consciousness to objects in the world.

Attempting to discover evidence of things and events in the world involves a change in attitude for the researcher. The world must be examined with new eyes and through a new approach. Husserl (1913/1931) called this new attitude "bracketing the objective world." The researcher suspends judgment concerning the reality or validity of what is experienced and approaches the object with no preconceived ideas, assumptions, or theories. This approach was called epoch (Faber, 1940). The result of this approach is that one is left with a world as phenomenon, a world which claims to be. This result was known as reduction. A further result of this movement is the discovery of the transcendental ego for which everything has meaning and existence (Husserl, 1913/1931). The ego (I) suddenly recognizes that it is the one who must decide whether the claims to reality of the objects or experience are valid claims. Through these steps knowledge is guaranteed and rendered absolute.

Table 1

Conscious Experience of Phenomenon



Absolute knowledge can only be that which has absolute being as its object (Polkinghorne, 1983).

According to Husserl, part of this new approach is also a reflective attitude where the individual stands back and surveys, calmly and with critical detachment, the process of consciousness with its specific object (Kockelamans, 1967). In order to begin reflection, one must first perform epoch. It is then by way of reflection that the subject ascertains the identity of the object offering itself in a certain manner of presentation. The purpose of reflection is to describe facts, not explain them (Husserl, 1913/1931). The subject requires no other equipment than its own subjectivity. Although

experiences are subjective, somehow the experiencing of others must be a part of each individual's intentional life if there is to be any communication at all. Husserl stated this could be done through empathy (Lauer, 1958). Through empathy Husserl provided an intentional experience which has for its object the experience of others. Through empathy the contact with other subjects on the naive level is raised to the transcendental level. Just as phenomenological interpretation of the world is a constitution of the evidence in which the world is given, so too a phenomenological interpretation of "the other" will be a constitution of the evidence in which the other is given (Lauer, 1958).

Husserl believed that being and consequently truth were functions of evidence that made knowledge scientific (Lauer, 1967). He saw evidence as self-evidence (A. Giorgi, personal communication, September 28, 1987). He felt that an act of consciousness was given in itself and as itself in such a manner that the subject of the act could not doubt the being of the act. Whatever presented itself in intuition was simply to be accepted as it gave itself. The ultimate rational and phenomenological explanation of knowledge must be, "I see it that way" (Lauer, 1967).

Process of Phenomenological Inquiry

The minimum condition for the study of any experience/event/topic is that it be present to someone's consciousness (Giorgi, 1975). Phenomenology operates with an investigative method that explains experiences (Lanigan, 1979). Omery (1983) described the phenomenological method as "an inductive, descriptive research method . . . which attempts to study experience as it is lived" (p. 50). Spiegelberg (1965) stated that even if there is a lack of agreement among all phenomenologists on such basic doctrines as the intentional structure of consciousness or the essentials of phenomenologists about the characteristic core of the method. He described this method as: (a) investigating particular phenomena, (b) investigating general essences, (c) apprehending essential relationships among essences, (d) watching modes of appearing, (e) watching the constitution of phenomena in consciousness, (f) suspending belief in the existence of the phenomena, and (g) interpreting the meaning of the phenomena. Lanigan (1979) conceptualized the phenomenological method as a three-step process. The first step is description where the procedure of bracketing occurs: "The idea

of this technique is that our thinking should establish brackets around the experience to be described . . . to keep external presuppositions which are outside the brackets from influencing our description" (p. 31). The second step is definition or phenomenological reduction. The goal of this step is to determine which parts of the description are essential and which are not by isolating the object of consciousness. Through reflection, contextual comparison, the elimination, the researcher is able to reduce the description to those parts that are essential for the definition (Lanigan, 1979). The third step in the method is interpretation. This step is an attempt to specify the meaning.

Giorgi (1985) reported that the phenomenological method has four characteristics: (a) it is descriptive, (b) it involves reduction, which means that experiences are described simply as they are presented and precisely as lived, (c) there is a search for essences or an attempt to comprehend the structure of the lived experiences, and (d) intentionality or consciousness is always directed toward something that is not consciousness itself. Giorgi (1975) proceeded with this approach by way of identifying meaning units, specifying general themes, and then articulating their psychological meaning. Giorgi (1975)

described his analysis procedure: (a) the researcher reads the entire description straight through to get a sense of the whole, (b) the researcher reads the same description more slowly and delineates each time that a transition in meaning is perceived in order to obtain a series of meaning units or constituents, (c) the researcher then eliminates redundancies, but otherwise keeps all units, (d) the researcher reflects on the given constituents, and transforms the meaning of the units from the naive language of the subject into the language of psychological relevance, and (e) the researcher then synthesizes the insights into a description of the structure of the phenomena.

Hycner (1985) stated, "The phenomenon dictates the method including the selection and type of participants" (p. 294). The people who live the experience are in sources of data. Participants are chosen on their ability to fully describe the experience being researched. Subjects who have knowledge about the phenomena under study due to their role, status, gender, age, or experience are the appropriate sources for study (Leininger, 1985). De Rivera and Kreilkamp (1981) contended that since the objective is to obtain a full picture of an experiential landscape, a particular kind

of person should be obtained: "Someone who is sensitive, verbal, introspective, interested in nuances of experience, and articulate in talking about these nuances" (p. 17). The additional criteria of having had the desired experience and speaking English fluently were also suggested. Knaack (1984) wrote that selection criteria be simply the subject's experience with the particular phenomenon and the ability to communicate it. Given the vast amount of data that emerges from one interview, usually only a limited number of participants are required (Hycner, 1985). Giorgi (personal communication, October 17, 1988) indicated that a certain arbitrariness exists as to the number of participants to be used, but that the researcher should use the number of subjects necessary to insure sufficient empirical variation in determining the essence of the phenomenon.

Giving attention to the lived experience requires that the researcher approach his question holistically, with no preconceived ideas, by going to the subjects in their circumstances where they are involved in the world (Oiler, 1981). Data collection procedures must preserve the spontaneity of the subject's lived experience. The qualitative research interview does

this and is an interview that gathers descriptions of the life world of the interviewees with respect to interpretation of the meaning of the described phenomena (Kvale, 1983). Technically, the interview is semi-structured, taped, and transcribed word for word. Kvale (1983) outlined the main aspects of the interview as: (a) centered on the interviewee's life world, (b) seeks to understand the meaning of phenomena in the life world, (c) qualitative, (d) descriptive, (e) specific, (f) presuppositionless, (g) focused on themes, and (h) takes place in an interpersonal interaction. The relationship between the participants and researcher during the interview process differs from the traditional scientific model in that phenomenology views the subject of research as a co-researcher (Knaack, 1984). The basic assumption is that both the person researched, as well as the investigator, are being changed through the research method. The essential ingredient in developing the co-researcher approach lies in building a trusting relationship (Keen, 1975). Participant self-disclosure is enhanced through this type of relationship. Giorgi (1985) wrote that data gathering continues until the essential structure of the phenomena has emerged. De Rivera and Kreilkamp (1981) felt that the criteria for

ending data collection were: (a) further data no longer added anything new, and (b) data collected revealed the phenomenon in a new light increasing understanding of the experience.

The goal of this data gathering is the discovery of the structures which underlie everyday experiences by examining the organizing patterns which form the objects to be investigated (Polkinghorne, 1983). Pattern identification involves a review of various examples to generate an organizational structure. "After the review, a guess is made about the pattern that runs through the examples" (Polkinghorne, 1983, p. 272). The tentative pattern is then tested by re-examining the example to see if the pattern holds; then the examples can be used to generate an organizational structure.

Validity and Reliability in Qualitative Research

Bogdan and Biklen (1982) listed the characteristics of qualitative research as: (a) has a natural setting as the direct source of data, (b) the researcher is the tool or technique in both data collection and analysis, (c) the methods are descriptive, (d) the concern is with process rather than simply with outcomes or products, and (e) meaning is of essential concern. Smith (1983)

identified the characteristics of qualitative research, as illustrated in Table 2, by comparing and contrasting the issues of objectivity, investigation, understanding, reality, instrumentation, and epistemology. As noted, the entire scientific orientation of qualitative research is very different from that of the qualitative scientific view point.

This difference in orientation brings into question the function of reliability and validity within the qualitative paradigm. Reliability is concerned with the consistency and equivalence in the study (Duffy, 1985). It is the extent to which repeated administration of the instrument will provide the same data, or the extent to which a measure administered once, but by different people produces equivalent results. Reliability is concerned with the replicability of scientific findings. Because of the uniqueness or complexity of phenomena and the individual and personalistic nature of the qualitative research process, the research designs may approach rather than attain reliability (LeCompte & Goetz, 1982). Leininger (1985) reported that qualitative methods are difficult to replicate due to the unique aspects of context in time and space. Many authors have reported that specific approaches are not

Table 2

Characteristics of Qualitative and Quantitative Research

Issue	Quantitative	Qualitative
Goal of Investigation	To explain and predict relations between variables	Interpretive Understanding- An attempt to achieve a sense of meaning that others give to their situations through an interpretive understanding of their language, art, gestures, and politics.
Objectivity	If the process and results are unbiased or whether the findings can be duplicated by anyone using the same instruments and procedures.	Is social agreement and rests not on the duplication of results but on a commonality of perspectives, which in turn produces similar results.
Essence of Understanding	Facts stand independent of researcher.	Understanding is achieved by placing oneself in the place of the other and involves two levels: 1. The level of direct understanding which involves the immediate apprehesion of a human action without any conscious inferences about the activity.

table continues

Issue	Quantitative	Qualitative
		2. The investigator seeks to understand the nature of the activity and the meaning that the actor assigns to the action.
Social and Human Reality	Thought of as "out there" existing independently of our minds.	Thought of as depending on the constituting activities of our minds.
Process of Investigation	Separates object and investigator and is outwardly directed.	The process of investigation itself will affect what is being investigated and a realist view of the investigator is directed inward.
Instruments	A way to achieve an accurate reflection or measurement of an independently existing object.	Are extensions of the knower and operate as an element which attempts to construct or constitute reality.
Epistomological Position	Truth has its source in reality; the extent to which a statement corresponds to reality is established by empirical verification.	What is true is what we can agree on at any particular time and place. Reality is created by the mind.

replicable, such as grounded theory (Duffy, 1985; Stern, 1985), naturalistic inquiry (Guba, 1978), phenomenology (Giorgi, 1975; Omery, 1983), and ethnographic (LeCompte & Goetz, 1982).

While reliability is concerned with replicability of scientific findings, validity is concerned with the accuracy of scientific findings. Validity is the extent to which a tool measures what it is supposed to measure (internal) or the extent to which its use provides data comparable with other relevant evidence (external). External validity indicates the researcher's ability to generalize the findings beyond the study sample (Duffy, 1985). Qualitative research does not lend itself to generalization (Hycner, 1985; Patton, 1980). The limits upon validity in qualitative research are a result of: (a) the peculiarities of each type of data collection strategy, such as interviewing, participant observation, life histories, and so forth, and (b) nonprobability sampling, such as convenience, theoretical, and purposive (Duffy, 1985).

Qualitative researchers generally avoid the terms "validity" or "reliability" using instead terms such as "evidence" and "credibility" of the data and analysis (Chenitz & Swanson, 1986). Many authors have suggested

the terms "validity" and "reliability" not be used in relationship to qualitative research because the terms are not appropriate for that paradigm (Giorgi, 1975; Polkinghorne, 1986).

Validity and Reliability in Phenomenological Research

Giorgi (personal communication, October 30, 1987) stated that, although validity and reliability are critical features of the logical empirical philosophy, within the phenomenological framework these features are considered in a different context. He suggested a redefinition to make more explicit the sense in which the questions of validity and reliability concern a phenomenologist. From the perspective of the phenomenological researcher, validity is more appropriately formulated as the evidence for making knowledge claims. If the essential description is truly captured after the appropriate procedures of bracketing, reduction, and reflection, then one has validity in a phenomenological sense and knowledge claims can be made. This means that one had adequately described the general essence that is given to the consciousness of the researcher. "If one can use this essential description

consistently, one has reliability" (Giorgi, 1987, p. 10). Knowledge statements are limited to statements of meanings and intrinsic possibilities. Phenomenological statements set constraints within which actual phenomena are realized, and say nothing about application of idiotic certainties of the empirical realm.

Assumptions

The assumptions for this study were:

1. The person is an experiencing being for whom the world exists.

2. There is an element of order, repetitive stability, and organization in human experiences.

3. Experiences have enough order to enable persons to apply words to common elements in repetitively similar ways.

4. Description or language is access to the world of the describer.

5. In the same culturally developed language, persons use words similarly.

6. There is something in the nature of human experience which will produce valuable knowledge.

7. Participants have access to the contexts and behaviors of their own instances of being cohesive.

8. Participants know and can describe the details of cohesive situations that they have lived.

9. Human experience is mediated by interpretation.

10. Reality is subjective.

11. Human beings act toward things on the basis of the meaning these things have for them.

12. To understand behavior we must understand definitions and processes by which they are manufactured.

13. The meaning people give their experience and their process of interpretation is essential and constitutive, not accidental or secondary to what the experience is.

Definition of Terms

The following terms were defined for the purposes of this study.

Fundamental structure: An expression of the meaning of the basic reality of the phenomenon of cohesion as experienced by young adult women in support groups.

Support group: A voluntary, nonprofessionally led, small group whose membership consists of individuals who share a common condition, situation, symptom or experience, and who meet for the accomplishment of a specific purpose (Katz & Bender, 1976). This definition

was operationalized for this study by the following groups: (a) Living, Loving, and Learning with Cancer, (b) Mastectomy Support Group, (c) Sudden Infant Death Syndrome Support Group, (d) Overeaters Anonymous, (e) Alzheimers Support Group, (f) Candlelighters, and (g) Toughlove.

Individual member: A young adult woman between the ages of 24 and 45 (Buhler, 1968) who participates in support group meetings no less than once monthly. This period of life, between 24 and 45, is characterized by the biological phase of reproductive ability and stationary growth, and in terms of goal development, by the phase of specific and definite self-determination (Buhler, 1968).

Limitations

The limitations of this study were:

1. Unconscious bias may have entered into the data analysis despite the researcher's efforts to bracket prior knowledge of the cohesion phenomenon.

2. The scope of language may have affected the ability of the researcher to extract the meaning and structure of cohesion from the descriptions.

Delimitations

The delimitations of this study were:

1. The study was limited to self-reports of young adult women in support groups.

2. The sample was drawn from the central midwestern region of the Unites States.

Summary

Group therapy, as used by nurses, has become a standard treatment modality to facilitate client behavioral change. In order to maximize this mode, the nurse needs to clearly understand the group processes and characteristics which enhance personal growth and health. To date, cohesion has been theorized to be one group characteristic necessary for promoting desirable group outcomes. The absence of conceptual clarity and a consensual definition suggest, however, that further qualitative investigations are necessary. One qualitative approach that would assist with concept clarity is the phenomenological approach. The goal of this study was to explore, through identification of the essential structure, the meaning of cohesion as experienced by

young adult women in the naturalistic setting of support groups.

CHAPTER II

REVIEW OF THE LITERATURE

Whether one wishes to understand or to improve human behavior, it is necessary to know a great deal about the nature of groups. A coherent view of human nature is not possible without dependable answers to a host of questions concerning the operations of groups, and how individuals relate to groups (Cartwright & Zander, 1968). When, and under what conditions do groups grow and become effective? What makes some groups have powerful influence over members while other groups exert little or none? What determines how groups affect the behavior, thinking motivation, and adjustment of individuals? Questions like these must be answered before we will have a real understanding of human behavior, and before we can hope to use group environments to affect behavioral changes.

The study of group dynamics has begun to produce some generalizations about factors which affect the value of groups as instruments change (Knowles, 1984). A group is an affective instrument for change and growth in

individuals to the extent that those who are to be changed have a strong sense of belonging to the group, are attracted to the group, and share the perception that change is needed. A group tends to be attractive to an individual to the extent that the group satisfies individual needs, helps achieve goals, and provides a feeling of acceptance and security (Knowles, 1984). Thus cohesion, or attraction to the group, has been theorized as one positive factor within small groups that facilitates change. Cohesion as a construct, however, has been poorly defined and operationalized (Evans & Jarvis, 1980).

The review of the literature for this study concentrated on the concept of cohesion from a historical and developmental perspective. Only the works of major authors who spoke to the theoretical and operational dimensions of the concept as a small group phenomenon were chosen for review, since the primary interest of the study was in determining the definitional use of the term in the literature. From the literature review, it was noted that little agreement existed as to a definition and that historically many different terms were used to denote the phenomenon. Confusing, as well, were the various behaviors identified as external

indicators of the group concept. No studies were found which focused on the group members' experience of cohesion.

Chronological Development of Conceptual Definition

Although a few social psychologists did address the concept of cohesion (Deutsch, 1949; French, 1941; Homans, 1940), no systematic work dealing with the characteristics of the concept was completed before the early 1950s (Evans & Jarvis, 1980). Leon Festinger and his associates (1950) executed a series of studies dealing with social communication where they investigated the relationship of group cohesion to other group process variables such as influence, conformity, productivity, and the communication process (Back, 1951; Festinger, Schachter, & Back, 1950). The Festinger study, which examined the group structure of informal face-to-face social groups, introduced the first widely accepted definition of cohesion as "the total field of forces which act on members to remain in the group" (p. 50). Stated factors that affected this magnitude were the extent to which the group was a goal in and of itself and had a positive valence (attractiveness of the group), and the extent to which the group mediated goals

which were important for the member (means control). The concept was operationalized by the friendships formed within the informal social group and concerned replies to a sociometric questionnaire regarding which member another group member saw socially outside group meetings.

Festinger's (1950) operationalization was questioned in a critique by Gross and Martin (1952) who felt that the definition inadequately measured the total field of forces which the conceptual definition specified, because only one force that acted on membership was measured, namely, friendship. They also criticized the fact that this measure was determined a priori. Gross and Martin (1952) presented an alternative nominal definition of cohesion as "the resistance of a group to disruptive forces," a sticking togetherness (p. 553). They stated that operationally the concept could be utilized by setting up a continuum of relevant weak and strong disruptive forces and observing at what point the group would begin to disintegrate. They offered no definition of group.

Further theoretical refinement of cohesion was presented in 1953 by Libo. Libo was the first to make a distinction between cohesion at the group level and cohesion at the individual level. These comments were

directed toward characteristics of what was termed psychological groups, or "a collection of two or more individuals in a lasting face-to-face communication relationship serving to satisfy basic needs of the individual member" (p. 14). He stated that the term cohesiveness "denotes the group's attractiveness for its members, the resultant forces acting on all the members to remain members of the group" (p. 2). At the individual level, "the resultant of forces acting on each member to remain in the group" was termed attraction to group (p. 2). This attraction phenomenon involved a personally meaningful individual object relationship, the object being the group. The author noted that the individual construct, attraction to group, arises from group characteristics such as goals or activities, prestige, attraction of other members, opportunity for free emotional expression, and protection. Libo (1953) identified three ways to operationalize this conceptual definition: the locomotion measure, the G-P-I technique, and a three-item attraction questionnaire. The locomotion measure simply measured if the individual stayed in or left the group. The questionnaire asked items like: "Do you want to remain a member of this group?" The

Group Picture Impression (G-P-I) was a projective technique used to measure attraction.

The next major contribution in the study of cohesion was completed in Sweden by Israel (1956). After an extensive examination of the cohesiveness concept as presented by Festinger and associates (1950), as well as Libo's writings (1953), Israel pointed out many operational and theoretical problems, such as the adding up of individual attraction to group scores into the group property of cohesiveness. It was suggested that "cohesiveness designate the attractiveness of the group, which is the pooled effect or the average of the individual members' attraction to group, or their wish to remain in the group" (p. 25). With this conception, cohesion remained a group phenomenon which could be investigated without knowing the individual's motives for being attracted to the group. Israel (1956) suggested that in order to compare different levels of cohesion between groups, a measure should take into account both the mean attraction to group and their variability. A way to operationalize the conceptual definition was not offered.

In response to the book by Israel (1956) and the writings of Festinger, Schachter, and Back (1950), and

Libo (1953), Van Berger and Koekebakker (1959) felt that cohesion was a group concept, but that attraction to group as previously defined could not be used to measure cohesion because it referred to the summation of forces in the individual members, not the group as a whole. It was suggested that the resultant not be used as a measure but, another "the effect of the interaction." Attraction to group was defined as "the effect of the interaction on the motives which work in an individual to remain in or to leave the group" (Van Berger & Koekebakker, 1959, p. 83). This change concluded that cohesiveness refer to the pooled effect of the individual members' attraction, and that instead of the group concept of cohesiveness, it was more advisable to refer to the individual level. This effect could be measured by observing if the members stayed in or left the group.

In 1961, Bernice Lott attempted a reformulation of the concept of cohesion based on principles from learning theory. Cohesiveness was defined as "that group property which is inferred from the number and strength of mutual positive attitudes among the members of a group" (p. 279). Lott's conceptualization has been used extensively in educational settings with a sociometric measurement technique.

In an extensive review of the literature, Lott and Lott (1965) evaluated empirical studies with the aim of identifying variables hypothesized as having antecedent or consequent relationships with group attraction. The specific antecedent variables shown to be related to attraction were a group climate of cooperation and democratic leadership, propinquity, member similarity, acceptance by others, increased status, and member personality characteristics of warmth, caring, and cooperation. Mutual threat increases attraction only under conditions where the possibility exists of a cooperative solution to the common problem. Consequent variables were identified as increases in self-esteem, group satisfaction, uniformity-conformity, productivity, and learning (Lott & Lott, 1965).

Hopkins (1964) perceived cohesion as being a component of a group phenomenon he called "collective identity." Collective identity is the extent to which group participants define themselves and are defined by others as a social unit. The participants' definitions may include cognitive ideas about the group's existence (its phenomenological reality), sentiments concerning its existence (solidarity), and evaluations of it compared with other groups or against various standards (cohesion).

The extent to which one set of people may be less of a group than another depends on the degree of collective identity as well as other variables such as frequency of interaction, shared expectations, compliance with group norms, and stability of ranking. In addition, Hopkins formulated an idea that the more members complied with the norms, the greater their sense of collective identity or felt belonging, which was assumed to be positively related to the cohesion of the group and to the members' motivation to participate. The motivation to participate and comply to the norms of a particular group in turn depends on the level of cohesion.

Cartwright (1968) quoted Festinger's (1950) definition of cohesion and formulated that "group cohesiveness is the resultant of two sets of component forces acting on members to remain in the group: those arising from the attractiveness of the group, and those deriving from the attractiveness of alternative membership" (p. 107). The individual member's attraction to the group will depend upon four major factors: (a) the incentive nature of the group, its goals, program, size, type of organization, and position in the community, (b) the motivation of the person and his needs for affiliation, recognition, security, and other things

he can get from the group, (c) the attractiveness of other persons in the group, and (d) if the group serves as a means for satisfying needs outside the group. Behaviors listed that indicated cohesion were high attendance, "we" statements, a friendly atmosphere, working together for common goals, a willingness to endure unpleasantness for the sake of the group, putting group demands above individual demands, pressure on members to conform, and taking responsibility for group tasks. Cartwright (1968) listed the consequences of group cohesion as maintenance of membership, power of group to influence members, participation in group activities, and an increased sense of security.

In the same review and presentation of the theoretical issues, Cartwright (1968) examined approaches which had been used to measure group cohesiveness until that time and discussed some unresolved theoretical problems. Cartwright indicated that the combining of individual scores to form a cohesive index as a group measure was a major problem in dealing with the concept. The fact that little progress seems to have been made on this problem suggests that a different conceptualization of cohesion is necessary before adequate operationalization can be effected. Cartwright noted

that a "standard all purpose procedure for measuring group cohesiveness does not yet exist" (p. 95).

Another author who viewed cohesion as a group phenomenon was Hartford (1971). "Cohesion does not exist in the individual because there are no separate units to be coalesced" (p. 259). Hartford described cohesion as attraction to group, a product of the group process in which individual needs, interests, and expectations of the group are met. The essence of cohesion is expressed in the way members feel about the rightness or goodness of being together, their pride in belonging, the gratification that the group gives to them, and the degree to which they act together in comfort. Hartford made no suggestions on ways to operationalize this conceptualization.

Heap (1977) suggested that group cohesion is associated with a "we" feeling and with the experience of group bonding that occurs during mutual identification between members. The varying intensity of this experience is referred to as the degree of the group cohesion. Group cohesion was regarded as the "intensity of stated aspects of the bond between members" (p. 64). Heap felt that three elements were involved: (a) relationships

between members, (b) shared investment in group aims, and (c) the acceptance of group aims.

Evans and Jarvis (1980) traced the conceptualization and operationalization of cohesiveness and attraction to group in group dynamic literature. They maintained that the confusion surrounding the concept resulted from using attraction to group, an individual construct, to measure cohesion, a group construct. It was argued that these are two separate but related variables. A definition for attraction to group was suggested: "An individual's desire to identify with and be an accepted member of the group" (p. 366). Assessing the individual's sense of involvement in the group, feelings of acceptance by the group, and desire for continued group membership were ways advanced to measure their conceptualization. In 1986 a tool was developed based upon this definition of attraction to group, titled the Group Attitude Scale, to measure the members' feelings about the group rather than their behaviors in the group (Evans & Jarvis, 1986). The instrument consisted of 20 items scored on a nine-point Likert scale and asked items about liking the group, being part of the group, and wanting the group to continue.

Henry (1981) stated that cohesion was an internally produced state or condition: "It arises out of the members' interaction with each other, feelings for each other, identification with each other, and the meaning of shared experiences" (p. 15). Henry defined cohesion as "the attraction of members for each other, for what the group does together, for what the group is working on, or as the result of external pressures to remain together" (p. 65). This definition represented a focus on a list of forces that contributed to the development of group cohesion. Information about the state of group cohesion could be gathered by observing the behavior of members (verbal and nonverbal), their association with each other, their expression of support or rejection of each other's ideas, and their general comments about the group. Henry believed that the desire to be together, "even as an end in itself, is a sign of the right of attraction to the group, its members, and what it does" (p. 203). Henry suggested measuring the growth of cohesiveness in the beginning of group development by counting and expressions of "we", "us", and "each other."

Piper, Marrache, Lacrox, Richardsen, and Jones (1983) uncomfortable with the definitions of Festinger et al. (1950) and Lott (1953) defined cohesion as "a basic bond

or uniting force" (p. 95). Several types of bonds (or cohesion) exist in groups. Bonds between a participant and another participant, or between participant and leader, or between a participant and his conception of the group as a whole can exist. These authors felt that even this definition did not adequately define the term "group cohesion", nor did it indicate what comprises a cohesive group: "If pressed, we would define group cohesion as the group property that emerges from the set of cohesions (bonds) that exists in a group" (Piper et al., 1983, p. 106). Ways to directly measure this definition were not identified. To measure the different types of bonds, however, the behavioral variables of remaining in the group, attendance, promptness, physical distance to leader, and physical distance to participants were used as well as a seven-point Likert scale.

After an extensive review of small-group social-work literature in 1984, Levy developed a cohesion model composed of four basic dimensions: components, factors, forces, and stages. "Components" were identified as the sources of energy that contribute to the increase or decrease of cohesion. "Factors" were defined as the components involved in determining group cohesion, classified into five main areas: (a) the individual

member, (b) the group as a whole, (c) the practitioner, (d) interpersonal relationships, and (e) extra group influences.

"Forces" categorized energies (components) according to the type and direction of their operation: motivating, pulling, pushing, sustaining, and repulsing. These forces were conceptualized as interacting with the five main factors to determine each member's attraction to the group as well as the degree and type of cohesiveness of the entire group (Levy, 1984). Motivating forces were the internal forces that originated inside the individual and motivated movement toward the group for satisfaction. Pulling forces were all the forces that operated inside the group and attracted the members to take part, and pushing forces were all the forces operating outside the group which drive members together. Sustaining forces were all the forces that kept the members in the group. Lastly, repulsing forces were all the forces that reduced the cohesiveness of the entire group.

"Stages" were the five basic developmental phases that all groups go through: (a) pregroup bonding (Stage I), (b) beginning of group bonding (Stage II), (c) defensive group bonding (Stage III), (d) therapeutic

group bonding (Stage IV), and (e) ending the group (Stage V). Each stage of development is guided by relevant forces, appropriate factors, and specific components (Levy, 1984). Cohesion was seen as the attachment of any client to the group as defined by the total number of forces that motivate, pull, push, and sustain him in the group minus the forces that repel him from the group. "Cohesiveness of the group is determined by the total forces influencing all the participants in the group" (Levy, 1984, p. 273).

One can note that various conceptual definitions are used to describe the same phenomenon. Using different terms such as "unity", "attraction", "bonding", "sticking-together", and "collective identity" adds to the confusion associated with the concept. Although four different authors use attraction to group as the definition for cohesion, giving the impression that the definitions are identical, the qualifying attributes or boundaries are very different. For example, one author defined cohesion as attraction to group or an individual's desire to identify with and be an accepted member of the group (Evans & Jarvis, 1980). Another author defined cohesion as attraction to group or the wish to remain in the group (Israel, 1956). The lack of agreement on

whether or not cohesion is an individual construct, or a group construct, has also added to the confusion. Primarily, however, the definitions can be grouped into one or another of the following categories:

1. Focus on attraction as a result of the forces acting on members to remain in the group;

2. Focus on the attraction of the group as an entity;

3. Focus on all forces acting on members to remain in the group as an entity;

4. Focus on bonding.

Clinical Manifestations of Cohesion

As a group phenomenon, cohesion is difficult to observe directly, or measure, or evaluate by objective indicators. Its existence is mainly assessed by the observation of external, individual, or group behavioral reactions, which are believed to be associated with the presence of cohesion. Some of these behaviors are concrete and easy to identify and measure, for example, the expression of "we" statements, while other behaviors are more abstract, for example, efficient decision-making. Individual members' subjective feelings are also used

to determine cohesion, such as feelings of closeness and safety.

Verbal Behaviors

Evidence of cohesion appears when members start to exchange their own individual identity with their group identity as a result of the development of a group bond. When this occurs, members start to use plural group expressions such as "we", "us", and "ours." Shaw (1979) and Back (1951) believed that "we" statements were one of the most significant ways to measure changes in group cohesion. Henry (1981) suggested measuring the development of cohesion in the beginning of the group by paying attention to how many statements group members started with the term "we". Hartford (1971) thought that using group expressions instead of individual ones symbolized the transfer from a collection of individuals to a unified group.

Additional verbal indicators of cohesion were an increase in interaction (Shaw, 1979), shared participation by members (Dies & Hess, 1971; Shaw, 1979). Open expression of feelings can indicate the presence of trust and mutual acceptance associated with the development of group cohesion. Cohesion is usually associated with

a special group climate, characterized by interpersonal trust, emotional support, intimacy, and spontaneity (Dies & Hess, 1971; Hartford, 1971; Shaw, 1979).

Nonverbal Behaviors

Regularity and punctuality of attendance are important indicators of cohesiveness (Piper et al., 1983; Shadish, 1980; Yalom & Rand, 1966). Evidence that a group has become cohesive is that attendance remains high (Cartwright & Zander, 1968; Libo, 1953). Henry (1981) believed that "the desire to be together, even as an end in itself, is a sign of the right of attraction to the group, its members, and what the group does, has for the people who belong" (p. 203).

Another mentioned indicator in the development of group cohesion is the evidence of interpersonal ties among group members (Heap, 1977; Henry, 1981; Stokes, 1983). As interpersonal ties increase, physical distances between members, and between members and leader become smaller (Hartford, 1971; Shipley, 1977), and eye contact is more frequent and longer (Flowers, Booraem, & Hartman, 1981). Kirshner, Dies, and Brown (1978) also used the duration of members' hugs as an indicator.

Cohesion can be recognized by various kinds of rituals the group develops over time to strengthen its existence. Hartford (1981) reported several rituals that are considered symbolic actions which reflect a developing sense of cohesion. One of these is the style of seating for which members take responsibility. Members tend to rearrange chairs and other equipment in an automatic position before meetings perhaps indicating attachment toward the group. Members also tend to develop ownership of certain chairs and positions in the group. The group can develop certain patterns of behavior for starting and ending the meeting which can be interpreted as developing feelings of identification.

Identifying the evidence of cohesion behaviorally is crucial in measuring the concept and formulating an operational definition. As noted, the range of its existence, which is mainly assessed by the observation of the feelings and behavioral reactions of the individual and group, is varied indeed, from seating distance to group hugs. This confusion also inhibits the practitioner's ability to identify antecedent and consequent variables.

Relevant Nursing Literature

In nursing, fostering group cohesion is seen as providing the key to many other therapeutic processes, such as increased self-esteem and the ability to influence members in the direction valued by the group (Loomis, 1979; Marram, 1973; Van Servellen, 1984). Boyer (1982) described cohesiveness as an energizing process that moves the group through conflict resolution toward goal attainment. Cohesiveness is consistently seen as an important group characteristic that facilitates growth especially in the beginning phases of group life (Janosik & Phipps, 1982; Loomis, 1979; Marram, 1973).

Loomis (1979) recognized some of the difficulties associated with the summative nature of the concept and suggested that clinicians might have different meanings when using the term. Loomis recommended measurable variables, such as agreement on group goals, conformity to norms, stability, and similarity of members. Nevertheless, cohesiveness was seen as a necessary condition for the therapeutic functioning and outcomes of most groups. Cohesion was defined as a bond or attraction that occurs between and among group members, the result of which is a magnetic field that holds the

group together (Loomis, 1979). The degree of cohesiveness directly affects positive group outcomes, attendance rates, quality and quantity of member interaction, and the influence that members have on each other. Cohesion is an important method for capturing the attention and commitment of clients in the process of influencing their health behaviors (Loomis, 1979). For each individual group member, attraction to the group was viewed in terms of: (a) the needs of the person that can be met in the group, (b) the objectives and goals of the group that relate to his needs, (c) the person's expectations that the group will have beneficial consequences for him, and (d) the person's perception of the effectiveness of the group in providing valuable outcomes. Development of cohesiveness was believed to be facilitated in health care groups by defining mutually agreed upon objectives and goals, and supporting norms that move the group toward these objectives (Loomis, 1979). While group cohesiveness is developing, it is important that the group leader increase the stimulation function by paying special attention to reinforcing interactions that support the goals and norms of the group. Threats to cohesiveness were identified as unstable membership, group deviants, subgrouping, and ineffectual group leadership.

Manifestations of group cohesion were identified as members feeling good about one another and group identification, loyalty to each other and group goals, similarity in behavior, dress, and mannerisms, and enjoying spending time together (Loomis, 1979).

Janosik (1982), concerned with group developmental stages, viewed cohesion as an essential factor throughout the life of a group. During the initial stages of group development, members look for similarities among themselves as a substitute for cohesion. Cohesion develops during the middle stages of group life when boundaries have been established and there is an awareness of unity and wholeness. The primary function of cohesion was reported to be the enhancement of problem solving. Janosik (1982) also identified that pseudocohesion often developed in substance abuse groups because of shared problems that creates an early superficial intimacy.

Van Servellen (1984), in examining the systems of dysfunctional groups, felt that a lack of a sense of groupness or cohesion was a hallmark of a dysfunctional group process. Cohesion was seen as extremely important to group outcomes. "When a sense of belonging in the group is at its high point, identification with the group's positive purpose to effect changes toward health

is more likely to occur" (Van Servellen, 1984, p. 204). In Van Servellen's review, cohesion was conceived as having both a direct and indirect impact on the self-esteem of group members, because high self-esteem was viewed largely as a function of successful identification with one's group. Van Servellen (1984) observed, therefore, that nurse therapists should facilitate cohesion, especially when working with depressed clients.

Clark (1977) also believed that the nurse as a group leader must foster cohesion:

> The leader can influence attraction to the group by making sure that everyone has the same goals in mind, that group goals are relevant and clearly stated, that paths to goal attainment are known and rewarded, and that cooperation among members is promoted. (p. 31)

Interventions suggested for nurse group leaders to use when increasing cohesion were teaching members how to give and get satisfaction, helping group members to feel a part of and equal within the group, controlling group functioning effectively, interacting on an equal basis (member and leader), being sure everyone has the same goals in mind, promoting cooperation among members, and stating clearly the paths to goal attainment (Clark, 1977). The value of cohesion within the group process

was proposed to be maintenance of membership, effective work toward positive outcomes, satisfaction of members' interpersonal needs, and maintenance of appropriate group norms. Some measures of cohesion were identified as arrival on time, full attendance at group meetings, a high trust level within the group, the ability of the group to tolerate individuality, the ability to work cooperatively with other group members, and ease in making statements of liking for the group or for group members.

Group cohesion and individual inclusion were seen as extremely important group characteristics for therapeutic change by Marram (1973) as well. Cohesion was defined as a member's sense of belongingness, and inclusion was viewed as an essential component of its formation. The therapeutic value of cohesion was specified as being increased self-esteem, increased tolerance for unpleasant emotions, increased ability to function as responsible individuals, commitment to the group's therapeutic goals, and positive identification with the group. Interventions were to be directed toward facilitating inclusion and included supporting clues that members may want to be brought into the group, encouraging members to overcome feelings of anxiety about

expressing themselves, and acknowledging constructive communication patterns (Marram, 1973).

Many nursing authors view cohesion as a valuable group characteristic which facilitates other processes such as appropriate group goals, norms, and outcomes. These authors on group theory believed that in order to change the health status of clients, cohesion was a necessary component of group therapy.

Summary

Although there is general agreement in the literature supporting the thesis that cohesion is a valuable group characteristic, little consensus exists as to a conceptual definition or as to what expressions or referents indicate indicate the phenomenon. The evidence presented seems primarily limited to a blend of deductions based upon literature reviews, limited research, or personal experiences, opinions, intuition, and insights. A solid research based to substantiate the growing number of theories is virtually non-existent, nor were any studies found which provided a direct analysis of the cohesion phenomenon itself, or the ultimate nature of the inner experience of cohesion. These discoveries bring into

question the underlying opinions, beliefs, values, and assumptions associated with this group phenomenon.

The researcher is still left with the question, "What is the ultimate nature of group cohesion?" Philosophical inquiry provides a framework within which conceptual ambiguity and vagueness can be clarified and the assumptions underlying practice in an applied field can be explored (Merriam & Simpson, 1984). The source of data, format for disseminating findings, or method for investigating problems are defined by particular schools of thought, and depend upon which philosophical school the investigator is aligned with. "The endorsement of a method," Johnstone noted, "amounts to the same thing as acceptance of a view of the nature of philosophy" (1985, p. 19). If, for example, one believes that the ultimate nature of things lies in human consciousness, one would investigate consciousness according to certain procedures, and those procedures would be different from those of the person who believes answers to philosophical questions can be found in language or rational thinking (Merriam & Simpson, 1984). These qualitative type methods also may be used for descriptions leading to conceptualization. The raw data are translated into concepts and, in turn, used to illustrate the concepts.

The investigator uses the raw data primarily as a catalyst for conceptualization (Knaff & Howard, 1984).

Research is needed to assist in understanding the nature of cohesion as a group phenomenon, and a philosophical-qualitative approach answers this question. Phenomenology analyzes phenomena directly and shows how complex meanings, understandings, and knowledge are built out of simple units of direct experience.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The design for this study was descriptive and used the phenomenological method proposed by Giorgi (1971, 1975, 1985). The method used was protocol analysis of transcribed tape recorded interview descriptions obtained from eight women between 24 and 45 years of age who were active members of various support groups. The researcher used an unstructured interview method (Kvale, 1983) to obtain spontaneous descriptions of the subjective experience of cohesion within a support group situation. These descriptions were analyzed in order to identify the common elements of cohesion and to derive the essential structure of cohesion.

Setting

The setting for this study was the Midwestern area of the United States. Participants were interviewed in an informal, natural environment of their choice. For example, one participant was interviewed in her home, and another in the church where the support group met.

Support groups were identified through advertised meeting dates in newspapers. Participants were selected through contact with the support group facilitators.

Population and Sample

The population for this study were women between the ages of 24 and 45 who were members of various support groups, which they attended on a regular basis, living within a Midwestern area consisting of 250,000 inhabitants. From this population, a purposive sample (N = 8) was selected for inclusion in the study. Purposive sampling is a nonprobability type of sampling wherein participants are selected based on the investigator's knowledge of the population (Polit & Hungler, 1983). Qualitative methods typically produce a wealth of detailed data about a smaller number of cases providing for breadth and depth. Purposeful sampling increases the utility of information obtained from these small samples (Patton, 1980). Purposeful sampling can be used as a strategy when the researcher: (a) decides that certain activities are critical or that certain key informants are more knowledgeable than others, or (b) wants to learn something and come to understand something about certain select cases without needing

to generalize to all such cases (Patton, 1980). The criteria for selecting the sample included in part the recommendations of de Rivera and Kreilkamp (1981) and were specified as follows:

1. A female between the ages of 24 and 45 years of age who attended support group meetings at least once monthly.

2. Membership in a support group of at least one year.

3. The ability to express oneself with relative ease in the English language.

4. The ability to recall a situation of cohesion within a support group experience.

5. The ability and willingness to describe the experience.

The sample size of this study was eight. The size of the sample in qualitative studies is usually small compared to sample sizes of quantitative studies. Reasons for the small size are the detail of the complete description (Omery, 1983), and the vast amount of data that emerges from one interview (Hycner, 1985). Evaneshko and Kay (1982) reported that only a small number of key informants need to be interviewed on a topic to learn what is identified as knowledge shared by the group.

Giorgi (personal communication, October 17, 1988) indicated that the researcher should use the number of subjects necessary to insure sufficient empirical variation in determining the essence of the phenomenon. Giorgi also felt that a criterion in determining the subject size was the continued appearance of the same themes in the data (Giorgi, 1975). Patton (1980) wrote that the researcher must decide if the research question calls for looking at a narrow range of experiences for a larger number of people, or a broader range of experiences for a smaller number of people.

Protection of Human Subjects

The proposal for this study was submitted to the Human Research Review Committee at Texas Woman's University. Permission was obtained from the committee before data collection was started (see Appendix A).

Each prospective participant was informed verbally of the purpose of the study, possible risks, individual rights, and abstract information through reading "Oral Presentation to Participants" (see Appendix B). If the participant volunteered and agreed to allow the interview to be tape-recorded, consent form B (Consent to Act As a Subject) and C (Consent to Tape Record) were read and

completed (see Appendix C). Once transcribed, the tape recordings of the interviews were erased. Names and addresses of participants were maintained until results of the study had been shared with those interested in knowing the results. No names were used in reporting results.

Data Collection

After an explanation of the purpose and goals of the study and obtaining formal consent, an interview was conducted by the investigator. The participants were asked to think about a lived experience of cohesion involving their support group and to respond to the data-generating question: "Think of a time in your support group when you experienced a sense of cohesion and describe your experience exactly as you remember it." Interviews were tape-recorded and consisted of open-ended questions. Comments of the interviewer were restricted to requests for clarification or elaboration (Kvale, 1983). Demographic data was obtained on age, type of group, number of group members, gender of membership, meeting frequency, and length of membership. Interviews continued until the participant stated that the cohesive experience had been fully described. The

average length of the interviews was one hour and twenty minutes. Interviews were conducted in a place convenient to the participant which afforded as much privacy as possible. Data collection continued until the same themes repeated on a consistent basis in the interview data (Giorgi, 1975).

Pilot Study

A pilot study was conducted to test the design and analysis of data for this study with a purposive sample of three female group members (see Appendix D for demographic data), after obtaining consent from the Human Subjects Review Committee (see Appendix E). The names of possible participants were obtained from friends, former colleagues, and doctoral graduate nursing students. Selection of participants for the pilot study was based upon the following criteria:

1. Female between the ages of 24 and 45 with current membership in a group of three individuals or more.

2. The ability to recall a situation of cohesion within their current group.

3. An interest and willingness to participate in the study.

4. Attended group meetings on a regular basis.

Before each interview, the investigator read the "Oral Presentation to Participants" (see Appendix B) and obtained the appropriate consent forms (see Appendix C). One interview was conducted in the researcher's home, one in a participant's home, and the third in a Texas Woman's University student lounge. The interviews were approximately forty minutes in length and began with the statement: "Think of a time in your group when you experienced a sense of cohesion and describe your experience exactly as you remember it." During the interview the researcher asked only clarification or elaboration questions. All interviews were tape-recorded and transcribed verbatim by the researcher. At the end of the data collection period, three written descriptions of cohesion were obtained for data analysis based upon the transcribed verbal descriptions. The three descriptions were elaborate and detailed.

Data analysis followed the approach of Giorgi (1971, 1975, 1985) described in the present study. Within the three transcribed descriptions, 79 statements were identified as revelatory to the structure of cohesion (see Appendix F). From these revelatory statements a situated structure was formed for each pilot study

participant. Table 3 shows these results. The general structure of cohesion was formed at the conclusion based upon the common elements of the three situated structures as:

Cohesion within a group was experienced as a state of bonding which was characterized by sharing of feelings and experiences, caring for one another, understanding, unconditional acceptance of individual behavior, support, and trust that confidential information would not be discussed outside of the group. An essential prerequisite for the experience of cohesion was similarity of common problems and experiences among group members. Contact outside of the group meetings enhanced cohesion.

The analysis of the interviews showing the natural meaning units, the revelatory statements, the situated descriptions, and the general structure was sent to two validators for review. The validators were both experienced phenomenological researchers and doctorally prepared nurses. All the suggested revisions were for rephrasing of statements; no contextual changes were recommended.

The pilot study affirmed the usefulness of the interview question, validated the methodology, and contributed to describing the nature of the experience

Table 3

Situated Structures of Cohesion for Pilot Study Participants

Participant Number 1	Participant Number 2	Participant Number 3
Cohesion, for D, was a group situation where honestly sharing with others created feelings of closeness, a sense of belonging (to a family), a belief that shared information would not be disclosed outside the group (trust), a feeling of unconditional acceptance, and a sense of bonding. Warm, loving, helping, relationships were formulated expressed through supportive, hugging, caring, and reaching-out behaviors. The experience gave her the strength to deal with problems, the ability to examine and change behaviors, and an increased sense of self. The essential prerequisite for the	Cohesion, for K, was a group situation facilitated by the common, or similar, feelings and experiences of the group members which created a bond. The bond was experienced as a linkage among members which resulted in an empathic communication level. Things that contributed to a feeling of comradry and made the members want to come back to the meetings were sharing, a willingness to listen, a high level of self-disclosure, support, unconditional acceptance, understanding, reassurance, trust that confidential information would not be discussed outside of the group, and a sense of belonging. Contacts outside the group meetings increased sharing and made the group stronger.	Cohesion, for B, was a group situation that developed over time. Intrapersonally B. perceived the experience as one where she felt close and warm to the other group members, as well as accepted and supported. The experience made her more introspective of her beliefs and behaviors, and made the group more real to her. The essential prerequisites for the experience of cohesion were shared, mutual activities, an attitude of helpfulness and cooperation, and a member in distress. Cohesion within the whole group was experienced as an atmosphere of openness, acceptance, unity, trust, feelings of caring, concern, warmth, and happiness, statements of praise, support, affirmation, and assurance, and a sense of bonding.

table continues

Participant Number 1	Participant Number 2	Participant Number 3
experience of cohesion was a similarity of problems among group members.	The essential prerequisites for the experience of cohesion were similar problems, experiences, and values, the extent to which the individual member was able to give, invest, relate, and become involved in the group, previous positive experiences with groups, and the extent to which a member could trust the group to accept, respect, and understand individual behavior.	

of cohesion. Validators were not projected for the major study based upon the following rationale: (a) Giorgi (1975, 1985) stated that the researcher does not have to go to other judges for a reliability check of the analyzed meanings because the community of scientists at large are the ones who determine if the study adds to understanding, and (b) the validators offered no significant revisions for the analyzed interviews reviewed.

Because the results of the data analysis of the pilot study were so closely aligned to the results of the data analysis of the main study, the data from the pilot study were dealt with along with the data from the main study. Only two of the pilot study participants met all the major study criteria, however, and the interview of the non-support group member was not used.

Treatment of Data

Data from the study were analyzed phenomenologically according to the approach presented by Giorgi (1971, 1975, 1985) and amplified by Wertz (1985). A description of Giorgi's approach follows:

1. All naive descriptions (protocols) were listened to several times to become familiar with the described

experience. Later, the researcher transcribed the tapes into written form and read the interviews several times to obtain a feeling for them.

All descriptions were read more slowly to delineate the natural meaning units, or constituents, expressed by the participants with respect to which constituents were relevant to discovering cohesion. "Constituent" is defined as a part determined in such a way that it is context-laden, or a specific concrete meaning dependent upon the whole (Giorgi, 1985). These constituents were demarcated by underlining and consecutive numbering.

3. All redundancies were eliminated, otherwise all other units were kept.

4. The relevant constituents were then grouped according to intertwining meaning and placed in temporal order to express the naive everyday account of cohesion in the first person perspective (Individual Phenomenal Description) which reflected an individual instance of the phenomenon.

5. The Individual Phenomenal Descriptions were read again for meaning. When reading, the researcher used reflection and judgment by asking, "What does this statement reveal about the phenomenon?" or "How is it relevant?"

6. After reflection, the various moments or components of the structure were differentiated as well by evaluating each statement to see what it expressed that was different from the others.

7. Each constituent (meaning unit) was then examined for its relationship to the other constituents and to the whole (thematization).

8. Any vague areas were examined and integrated into the text (integration of opacity).

9. All of the constituents, distinctions, phrases, and themes were examined to determine if they could be different or even absent without altering the individual's psychological reality (free imaginative variation).

10. The meanings of the themes, phrases, distinctions, and relationships were then formulated and transcribed into the idiographic level, or a situation of the individual participant's concrete experience. The goal was to determine a psychologically revelatory description. Thus, the results of this phase are no longer expressed strictly in the subject's own language but in that of the researcher's (Wertz, 1985).

11. The restatements of formulated meanings of the concrete level (idiographic) were then examined with the original description given by the participant in

order to verify, modify, or negate reflective understanding. The question was asked, "Is everything I say borne out?" or "Is everything in the subject's description reflected in my psychology?"

12. Constituents revelatory to the idiographic level, also called the situated structure, were then expressed more directly in terms of cohesion for all protocols.

13. Reflection upon the revelatory constituents and the essence of the situation for the participant was completed resulting in a description of the situation by the subject in concrete terms, called the situated structure or idiographic level.

14. After the essential structural elements of the phenomenon of cohesion were identified, a general psychological structure (nomothetic level which describes the cohesive situation irrespective of concrete situations in which the phenomenon takes place) was formulated based upon the common structures of the eight situated descriptions. Structure is the term used to describe the answer to the question, "What is cohesion?"

The following approaches were also used in the treatment of the data:

1. The researcher suspended judgment concerning the reality or validity of what was experienced and

approached the data with no preconceived ideas, assumptions, or theories (Husserl, 1913/1931; Oiler, 1981).

2. The researcher attempted to formulate a trusting relationship with each participant (co-researcher approach) to enhance self-disclosure (Knaack, 1984; Keen, 1975).

3. The researcher used the description as a point of access from which to make the subject's living of situations her own, thus demonstrating empathic immersement (Lauer, 1958; Wertz, 1985).

4. In identifying the organizing patterns which formed the objects to be investigated, the researcher also gave consideration to the modes of appearing or if the phenomenon involved a sensory experience, a mental activity, and/or an emotional dimension (Husserl, 1913/1931).

CHAPTER IV

ANALYSIS OF DATA

In this chapter, the findings of the study and the data analysis are presented. A description of the sample is followed by a presentation of: (a) an example of significant constituents revelatory to the structure of one participant's cohesive experience, (b) the descriptions of situated structures of cohesion for all participants, (c) an analyzed interview, and (d) a summary of findings showing a general structure of cohesion. Data were analyzed according to Giorgi's (1971, 1975, 1985) psychological phenomenological approach.

Description of Sample

The sample of the study consisted of eight females between the ages of 24 and 45 who were active members of different support groups. The sample was purposive identified in consultation with support group facilitators, colleagues, friends, and doctoral graduate students. Two of the participants were obtained during the pilot study, and six were obtained during the major

study. Responses of all eight participants were combined because of the similarity of the data. Demographic data of the sample are presented in Table 4.

Findings

Each participant provided a description of a personal cohesive experience within the context of a support group situation. Taped interviews with all eight participants began with the statement: "Think of a time in your support group when you experienced a sense of cohesion and describe your experience exactly as you remember it." Interviews were terminated when the participant stated that the experience had been fully described. Taped interviews were transcribed verbatim and the naive descriptions were read several times to become familiar with the participant's perceptions and feelings pertaining to cohesion (see Appendix G for an example of a partial transcribed interview). All descriptions were then read again to delineate the natural meaning units which were relevant to discovering the phenomenon. All redundancies were eliminated, and the intertwining meaning units were placed in temporal order forming the individual phenomenal description.

Table 4

Demographic Data of Participants

Participant	Age	Support Group	Meets	Gender of Membership	Number of Members	Length of Membership
1	36	Overeaters Anonymous	Weekly	Male & Female	15-20	2 Years
2	38	SIDS	Monthly	Female	10	2 Years
3	34	Candle-lighters	Monthly	Male & Female	25-36	1 Year
4	37	Overeaters Anonymous	Twice Monthly	Male & Female	10	6 Years
5	42	Mastectomy	9 Times Yearly	Female	20-30	8 Years
6	38	Cancer	Twice Monthly	Male & Female	17	3 ½ Years
7	45	Alzheimers	Twice Monthly	Male & Female	20-25	1 Year
8	45	Toughlove	Twice Monthly	Male & Female	10-15	2 Years

The individual phenomenal descriptions were read next, using reflection and judgment to determine the components or constituents revelatory to the structure of cohesion. Each constituent was examined for its relationship to the whole and vague areas were integrated. All constituents were then examined to determine if they could be absent without altering the individual's psychological reality. Constituents revelatory to the situation as expressed by the participant in concrete terms (situated structure) were expressed more directly in restatements of formulated meanings. Table 5 presents a sample of some significant, revelatory constituent statements identified for participant 3. (Appendix H contains a complete listing of the significant constituent statements for all eight participants.) Table 6 shows the complete results of interview two including the meaning units and revelatory constituents.

Reflection upon the revelatory constituents (see Appendix H) and the essence of the situation for the participant was completed resulting in a description of a situated structure of cohesion for each participant. The situated structure presents the situation of the subject in the individual's concrete terms and is shown for each participant in Table 7.

Table 5

Samples of Significant Revelatory Constituent Statements

Statements
1. Part of the experience of cohesion was being committed to each other, inside and outside of the group.
2. A sense existed that the spirit of the group was with the members no matter where or what.
3. In the beginning of the treatment process bonding, even with a couple of members, was important for successful change.
4. Members did not have to be together physically to experience cohesion.
5. For D. the prerequisite for bonding with another member of the group was that the member could assist her with a realistic type of recovery and increase her sense of hope.
6. A sense of sharing even in spiritual aspects increased group bonding.

Table 6

Analysis of Interview 2

Meaning Units	Central Theme	Revelatory Constituents
1. I think basically our group is pretty cohesive, because we have all experienced the the same thing. That has a great deal to do with why we are a cohesive group, because we have a common bond. We have all lost a child by SIDS, or in some cases there have been people who have lost a child with something else. That's a pretty common bond.	1. K. feels the group is rather cohesive because the members have all experienced the death of a child. She perceives this experience as a common bond.	1. Cohesion is facilitated by the common (or similar) experiences of the group which creates a bond.
2. Everybody's been able to share their opinions and their feelings in the group. They are not afraid to talk. I think basically because we all have the same feelings. They're not asking for approval, just explaining feelings. Somebody will say, "Yeah, I felt that way too", or "That's not out of the	2. The group members freely express their feelings and opinions without asking for approval or fear of anger. Sharing is facilitated by the fact that the group members have similar feelings. They show support for one another verbally.	2. These similar experiences and feelings have also contributed to the ability of the members to share and explain feelings without fear or need for approval and to show support for one another.

table continues

ordinary". Nobody has gotten angry or upset at least not verbally.		
3. People say things that they probably don't tell their family to complete strangers. One of the things they might say is that a friend often says, "I understand how you feel", and they say, "Hell no, they don't understand how I feel, because they have never lost a child". You should be able to talk about it with your family and with your close friends. A lot of people have found that their friends can't handle it and feel very uncomfortable when the subject is brought up. So here you meet a whole different group of people that don't mind if your cry, don't mind if you talk. They talk too, and it helps you to understand that there are people who go through this. They are willing to listen and you have somebody that you can talk to.	3. Members are able to express personal information to the group, when often they cannot do this with family or friends due to a lack of understanding. The group offers (1) support for expression of feelings and verbalizations, (2) acceptance of crying, (3) a willingness to listen, (4) understanding, and (5) sharing.	3. Groups who have a common bond demonstrate 1) a high level of self disclosure, 2) support, 3) acceptance, 4) understanding, 5) sharing, 6) a willingness to listen.

table continues

4. Everybody is usually raring to go most of the time, especially because the last couple of meetings have been in a home, not a hospital. Or because they all felt the same or had shared the same things. We felt a real comradry.	4. Things that have contributed to a feeling of comradry have been meeting in a home environment instead of a hospital, experiencing similar feelings, and sharing.	4. Things that have contributed to a feeling of comradry have been meeting in a home environment, similar feelings, and sharing.
5. The group seems more cohesive I guess when we get together as parents-to-parents. When there is a business meeting it is not quite as cohesive, because then there are different ideas on how to plan this and how you do that. In the parent-sharing group, it is just expressing feelings, and nobody is there to say this is wrong or that is right. Parents have to be free to say that maybe this person needs help, but at the business meeting, it is just business.	5. Parent-to-parent meetings are more cohesive than business meetings, because parents can express their feelings without value judgments.	5. Members of cohesive group express their feelings without fear of value judgments.

table continues

6. Even during a fund raising project, we did a lot for parents-to-parents, because first of all it gave us a reason to get together. We'd sit around and shoot the shit about, you know, we covered a lot of things including SIDS and how they the parents feel about it. Although we didn't make thousands of dollars, I think it was very beneficial to people, because they felt like they were doing something for SIDS, and had an opportunity to share. I think that also made the group a little, I don't know, have a stronger bond.	6. K. identifies one situation outside of the group that increased the group bond, because the members had an increased opportunity to share and contribute to the financial aspects of SIDS.	6. Opportunities outside the group meeting increase sharing and make the group bond stronger.
7. I would describe bonding as that we all felt we had a certain link. We had a certain special communication, because we could understand a lot better what the pain the other person was going through, could feel more about why they felt the way	7. Bonding for K. is the linkages the members have formed because of their special empathic communication.	7. Bonding is the links between members created by the empathic communication resulting from similar painful experiences.

table continues

they did, and could understand why they felt the way they did.		
8. What is special about our communication is that we are willing to listen. We have found that even though somebody would have been your friend or relative before your baby died, they may not be able to handle talking about it. Most of the time the parents come because they have a special way of sharing and understanding, and maybe just for the physical presence. You can also look around the room and see that there are other people there that this has happened to and who look relatively healthy and sane. Maybe that is all you need.	8. The communication in the group is special because the members are willing to listen, perhaps unlike family or friends. Members come to the group because the group offers sharing, understanding, and reassurance one can make it through the loss of a child.	8. Members come to the group, because it offers sharing, understanding, listening, and reassurance.
9. Some of the people have become very good friends, because they are SIDS parents, and I think they are very nice people.	9. Friendships have been formulated among members in the group.	9. Friendships are formulated in cohesive groups.

table continues

10.	Most of us are in the same socioeconomic class, most are involved in things or have been involved in groups besides SIDS. I think that people who have less problems in most areas, and perhaps support in other areas, financial or whatever, can be more involved in this group. I think they can be more giving, more willing to deal, or more time to deal, with what they are feeling and being concerned about, because they don't have to deal with all the other major crises. Their ability to give more and spend more time and energy makes the group more important, more cohesive.	10.	The individual member's ability to give and invest in the group affects cohesion. The person's ability to give or be involved is enhanced if he is not overwhelmed with a number of problems or life stressors.	10.	Group cohesion is directly related to the individual member's ability to give, invest, and become involved in the group.
11.	People who have had the opportunity to be involved with groups before, for	11.	Individuals who have previously belonged to groups learn to trust	11.	Individuals who have previously belonged to groups learn to trust

table continues

whatever reason, and know that a group can be a very helpful source, learn to trust it and know how to get involved. If you don't trust the people you're talking with or that your feelings will not be respected, or that what you say will not be understood, or trust that information will not be told all over the neighborhood, you will not feel comfortable with the other people in the group or with what is being discussed. People have to be comfortable with the fact that whatever their behavior is, it is going to be accepted the way it comes out. Somebody may not agree with you, but they are not going to jump all over you and tell you that you are wrong and you are an awful person. I think that if you are used to working with people, trusting other people, and	the group experience and become more involved. A member's ability to feel comfortable in the group is dependent upon the extent to which he can trust the group to accept, respect, and understand individual behavior and keep information confidential.	the group experience and become more involved. A member's ability to feel comfortable in the group is dependent upon the extent to which he can trust the group to accept, respect, and understand individual behavior and keep information confidential.

table continues

	sharing with people, you would feel much more comfortable in a group.		
12.	We do not have a lot of men, because I think they do not feel a part of the group. I think they look on our group as something the women have to do, because they have to go coffee clutching and cry. I think women have more of a tendency to do that then men do. But it is just the feeling that they are there, and that they feel a part of it, and they would be able to be accepted whatever they say. I think if more men would come they would find that the women probably are very accepting on what they have to say.	12.	The women in the group feel accepted and supported and as if they are part of (belong) to the group. The group has very few male members, because they don't feel part of the group.	12.	Members of a cohesive group feel accepted, supported, and have a sense of belonging to the group.
13.	I sometimes feel that if you have a very strong person in a group they	13.	Individuals who dominate the group are destructive, because	13.	Inability to share and dominate individuals are destructive to the group.

table continues

	tend to dominate what is being said. If you have someone new in the group, often whatever this person is saying is taken as gospel. The whole group can get off on a tangent, which is not bad most of the time, but sometimes I think parents may hear things, or may understand things sometimes, that are totally different than basically what the group feels, because one very dominant person says this is law. It doesn't give everybody an opportunity to share, and it gives new members a sense of what really might not be true. I think sometimes the group leaders have to be responsible for getting the group back into some sort of framework.		sharing is decreased and new members especially get a false impression of what the group is about.
14.	I think it is difficult for new people to come into a highly cohesive group with people who have been together for a long time and understand each other.	14.	It is difficult for new group members to become part of a highly cohesive group.	14.	It is difficult for new members to become part of a highly cohesive group.

table continues

Also when we start talking about SIDS using medical terms, because we forget that some SIDS parents don't understand all the terminology, it is difficult for people to join in. You don't want to make it a clique, but I think at times we probably are intending to do that. It is difficult for new parents to get involved and to break into that clique, unless we are aware of it, or unless they are strong enough to make sure they get in.

15. I think you have to be able to relate to the other people in the group to make it a cohesive group and that means there can be no great cultural differences.

15. The group members' ability to relate to each other affects cohesion. Individuals who have similar backgrounds and values can relate on a higher level than those who do not.

15. The group members' ability to relate to each other affects cohesion. Individuals who have similar backgrounds and values can relate on a higher level than those who do not.

Table 7

Situated Structures of Cohesion

Participant	Situated Structure
1. Participant one was a 35 year old female who described a cohesive experience from her Overeaters Anonymous support group which she attended weekly for 2 years. The interview was conducted in a student lounge and lasted for 1½ hours.	1. Cohesion for D. was a group situation where honestly sharing with others created feelings of closeness, a sense of belonging (to a family), a belief that shared information would not be disclosed outside the group (trust), a feeling of unconditional acceptance, and a sense of bonding. Warm, loving, helping relationships were formulated and expressed through supportive, hugging, caring, and reaching out behaviors. The experience gave her the strength to deal with problems, the ability to examine and change behaviors, and an increased sense of self. The essential prerequisite for the experience of cohesion was a similarity of common problems among group members.
2. Participant two was a 38-year-old female who described a cohesive experience in relation to her Sudden Infant Death Syndrome support group. Her infant	2. Cohesion for B was a group situation that developed over time. Intrapersonally B. perceived the experience as one where she felt close and warm to the other members as well as accepted and supported by them. The experience made her more introspective about her beliefs and behaviors and made the group more real to her.

table continues

Participant	Situated Structure
child died two years before the interview. She had been a member of the support group for two years and attended meetings monthly. The interview was conducted in her home and lasted one hour and twenty minutes.	The essential prerequisites for the experience of cohesion were (a) shared mutual activities, (b) an attitude of helpfulness and cooperation, and (c) a member in distress. Cohesion within the whole group was experienced as (a) an atmosphere of openness, acceptance, and unity, (b) feelings of caring, concern, warmth, and happiness, (c) statements of praise, support, affirmation, and assurance, and (d) a sense of bonding.
3. Participant three was a 34-year-old female who was an active member of Candlelighters. Her daughter had been diagnosed as having cancer for the two previous to the interview. She had been a member of this support group for one year and attended meetings monthly. The interview was conducted in the hospital where support group meetings were held and lasted 50 minutes.	3. Cohesion for S. was a group experience involving a sense of being close, linked, or connected to the support group from the very first meeting, especially particular members who had children with the same diagnosis as her child and who were going through similar treatment programs. This experience of being connected provided her with a sense of belonging, acceptance, and hope regarding her child's illness, a way to obtain new treatment information, a way of sharing and offering support, and a way of obtaining emotional support. Behaviors which increased the sense of closeness and connection were verbal sharing of information and knowledge. The essential prerequisites for the experience of cohesion were (a) regular attendance and participation, and (b) members with similar

table continues

Participant	Situated Structure
	problems. Factors that would increase S.'s sense of being linked to the group were supportive and reaching out activities outside of the group by members, such as phone contacts.
4. Participant four was a 37-year-old female who described a cohesive experience from her Overeaters Anonymous support group which she had attended for six years on a twice monthly basis. The interview was conducted in a local library and lasted for 1½ hours.	4. A rare experience, cohesion for D. was a sense of bonding with some members of the support group who had had similar experiences with eating and/or relationship problems as herself. This bonding resulted in an increased feeling of hope and conviction that change was possible, that positive behavior changes could be maintained, and that growth could be continued. Additional bonding results were motivation to talk in the group, success with all program goals, and the ability to prevent regression. Sharing of feelings and a willingness to change the eating disorder created a sense of being understood, a sense of hope, a sense of closeness, and a belief that someone else knew what D. was going through. All of these factors contributed to the creation of bonding. Additional aspects that facilitated bonding were helping others, growing together, a willingness to change, and sharing. A feeling existed among bonded members that the spirit of the group was with them outside of the group, and that this spirit increased commitment to one another and to the program. This also created a sense of

table continues

Participant	Situated Structure
	mutual growth and the feeling of being like a family (assimilation). Bonding did not always last between D., and others and was dependent upon the others' willingness to maintain and continue program growth. For D. the prerequisites for bonding with another member were that the member (a) could assist D. with a realistic type of recovery, (b) was willing to practice the program, and (c) had similar problems and experiences.
5. Participant five was a 42-year-old female who described a cohesive experience from her Mastectomy support group which met monthly except during the summer months. The interview was conducted in her place of employment and lasted for one hour. Participant five had formed this group eight years prior to the interview with three other women.	5. For B. the cohesiveness of the support group occurred between herself and one other person, moving on then to the larger group. This one individual was like B. in age, medical problems, and family structure. The cohesiveness was formed out of a mutual need for information and support, and out of common life experiences. Cohesion for B. was the feeling of belonging to or being part of the support group brought about by the realization that there were other women going through the same experiences as herself. Sharing within the group increased the members' ability to relate creating a sense of understanding, acceptance, and group solidarity. The members gave caring, support, strength, and a

table continues

Participant	Situated Structure
	strong commitment to one another. Strong friendships have been formed between cohesive members who participate in activities outside of the group as well. The commitment to the group was so strong that B. felt she would be a member until she dies.
6. Participant six was a 38-year-old female who described a cohesive experience from her cancer support group which met twice monthly. The interview was conducted over lunch at a local restaurant and lasted 1½ hours. This support group was started by participant six.	6. S. experienced cohesion within her support group as a strong sense of sticking together, or being united, created by the common bond of illness, and the common goal of commitment to help one another. Actions which facilitated this sticking together were the sharing of feelings and experiences, caring for one another, and reaching out to one another. Members looked forward to the meetings and came to (a) receive support, (b) explore and share feelings, (c) share a common bond of illness, and (d) deal with problems such as anger, denial, hostility, and fear. The group perceived itself as a big, close-knit family. Due to this sense of being one, an atmosphere of openness and acceptance helped members to feel safe to change and learn new coping methods. A strong feeling of comaraderie was present, as well, where a high level of communication and sharing, support, information-giving, closeness, concern, and love occurred. Through these high levels of interaction, members came to realize they were not alone. Members frequently contacted one another outside of the group meetings to offer support and encouragement.

table continues

Participant	Situated Structure
7. Participant seven was a 45-year-old woman who described a cohesive experience within her Alzheimers support group. This group met twice monthly and consisted of a group for family members and another group for the diagnosed individuals. The interview was conducted in the hospital where the group met and lasted forty minutes.	7. Cohesion for E. involved experiences where she and other members reached out to one another, with support, acceptance, and giving of themselves resulting in increased membership contribution and coping, maintenance of membership, increased attendance, and the formation of strong friendships. The group offered each other acceptance, companionship, love, caring, understanding, and an opportunity to share which pulled the group together in a feeling of unity. This togetherness extended to activities outside the group as well, such as going to church together and eating together. The sharing of mutual problems, experiences, and feelings were essential prerequisites of cohesion for E.
8. Participant eight was a 45-year-old female who described a cohesive experience within her Toughlove support group. This group met twice monthly at a library. The interview was conducted in the participant's home and lasted 1½ hours. Participant eight had been a member of this support group for 2 years.	8. Cohesion for S. was a sense of union with other group members characterized by acceptance, support, and closeness. This union was facilitated by the fact that members had similar problems. S. enjoyed and looked forward to the group meetings, and was happy in the physical presence of the group members. Through the support of the group she was able to acquire a greater understanding of her child's problems and obtain a greater sense of hope for his recovery.

After the fundamental structural elements of the phenomenon were identified, a general psychological structure of cohesion was formulated based upon the common structures in the eight situated descriptions. Table 8 shows some of these common elements, as well as the appropriate mode of appearing. As noted previously, the search for essences means to search for the most invariant meaning or identity that can be assigned to a phenomenon for a given context. Essences are characterized by their modes of appearing which can be either a sensory experience, a mental activity, or an emotional experience (Husserl, 1913/1931; Merriam & Simpson, 1984). As noted in Table 8, cohesion constitutes itself within the emotional mode as feelings of caring, love, belonging, acceptance, closeness, and trust. Within the mental mode, cohesion constitutes itself as increased understanding of problems and coping behaviors, assimilation of group norms, and cognitive examination of behaviors and problems.

Table 8

Common Structural Elements With Modes of Appearing

Common Elements	Mode of Appearing
Acceptance	Emotional Activity
Caring	Emotional Activity
Love	Emotional Activity
Closeness	Emotional Activity
Belonging	Emotional Activity
Trust	Emotional Activity
Assimilation	Mental Activity
Understanding	Mental Activity
Hope	Emotional Activity
Bonding	Emotional Activity
Examination	Mental Activity

Summary of Findings

The general psychological structure of cohesion within the context of a support group may be described as follows.

The possibility of a support group cohesive experience arises when three interrelated conditions are co-present: (a) when group members possess similar problems and experiences, (b) when those problems are shared freely and openly, and (c) when members identify with one another. Cohesion is a manner of being in the world experienced as a sense of bonding with, or being linked to, other group members. This bonding occurs both as emotional acts toward members of the group and cognitive acts toward group goals, norms, and ideas. Emotionally, cohesion is experienced as feelings of caring, love, belonging, acceptance, closeness, and trust. Cognitively cohesion is experienced as an increased understanding of health problems and coping behaviors, assimilation of group norms, and examination of personal behaviors and problems. The results of cohesion for the individual group member are: (a) a sense of not being alone, (b) increased self-esteem, (c) increased group participation and attendance, (d) a greater sense

of hope for an improved quality of life, (e) improved coping, (f) participation in activities outside of group meetings, (g) formation of meaningful relationships within the group, and (h) positive behavioral changes (goal attainment).

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The phenomenological approach as presented by Giorgi (1971, 1975, 1985) was used to investigate young adult women's perceptions of cohesion within a support group experience. Chapter V presents a summary of the research with a discussion of the findings. Conclusions, implications, and recommendations for future study are also presented.

Summary

The present study investigated the phenomenon of cohesion as described by eight young adult women between the ages of 24 and 45. All the women were members of different support groups and attended meetings on a regular basis. Participants were selected because each reported an experience of cohesion and each reported a willingness to participate.

Interviews began with the statement, "Think of a time in your support group when you experienced a sense

of cohesion and describe your experience exactly as you remember it." During the interviews only clarifying and amplifying questions were asked. The interviews were tape-recorded, and then transcribed by the researcher. The data from the transcripts were analyzed according to the approach presented by Giorgi (1971, 1975, 1985). Situated structures, or the situation as expressed by the participant in concrete terms, were produced at the completion of the analysis process for each transcribed interview. From the common patterns noted in the situated structures, a general psychological structure of cohesion was formed. The general structure described the cohesive situation irrespective of the concrete situations in which the phenomenon took place. The general structure may be described as follows.

The possibility of a support group cohesive experience arises when three interrelated conditions are co-present: (a) when group members posses similar problems and experiences, (b) when those problems are shared freely and openly, and (c) when members identify with one another. Cohesion is a manner of being in the world experienced as a sense of bonding with, or being linked to, other group members. This bonding occurs both as emotional acts toward members of the group and

cognitive acts toward group goals, norms, and ideas. Emotionally, cohesion is experienced as feelings of caring, love, belonging, acceptance, closeness, and trust. Cognitively cohesion is experienced as an increased understanding of health problems and coping behaviors, assimilation of group norms, and examination of personal behaviors and problems. The results of cohesion for the individual group member are: (a) a sense of not being alone, (b) increased self-esteem, (c) increased group participation and attendance, (d) a greater sense of hope for an improved quality of life, (e) improved coping, (f) participation in activities outside of group meetings, (g) formation of meaningful relationships within the group, and (h) positive behavioral changes (goal attainment).

Discussion of Findings

The discussion of the findings examines the primary conceptualizations of cohesion mentioned in Chapter II in light of essential structural elements of cohesion identified in this study. The discussion will also examine findings of interest which are not necessarily directly related to the essential structure.

Contrary to some of the views expressed in the literature (Frank, 1957, 1975; Hartford, 1971), participants interviewed for the study were able to describe what cohesion meant to them. Cohesion appears, therefore, to exist as an individual group member construct, different from what some authors believed.

Four participants stated that cohesion within the group occurred for them from the very beginning of the group experience. One reported an experience six months after she joined the group. The remaining three did not indicate a time factor. This finding does not support the comments of Janosik (1982) who stated that cohesion developed during the middle stages of group life, nor Yalom (1985) who felt cohesion developed after the twelfth session.

The review of the literature in this study offers support for some of the findings. However, the results of this study indicated that the prerequisites for a cohesive experience are that: (a) group members possess similar problems and experiences, (b) group members discuss problems freely and openly, and (c) members identify with one another. This finding parallels the conclusions of Henry (1981) who found that cohesion arises out of the members' interaction with each other, feelings

for each other, identification with each other, and the meaning of shared experiences. Also concurring with these findings are Lott and Lott (1965), who asserted that one antecedent variable necessary for cohesion was member similarity, and Heap (1977) who contended that group bonding occurs as a result of mutual identification among group members.

All participants of this study described cohesion as an experience of bonding with other members of the group. Terms such as "bonding," "sticking-together," "linked-to," "unified-with," "drawing-together," and "oneness" were used to denote this phenomenon. This finding supported Gross and Martin's (1952), Heap's (1977), Loomis' (1979), and Piper's et al. (1983) statements that group cohesion is a bonding that occurs between group members. Loomis (1979) surmised that cohesion was a bond that occurs between and among group members resulting in a magnetic field that holds the group together. The results of the present study coincide with the findings of Loomis. Piper et al. (1983) suggested that several basic bonds exist in groups: (a) bonds between participants, (b) bonds between participant to leader, and (c) bonds between participant and his/her conception of the group as a whole. Responses

from the current study indicated that bonding takes place primarily between members. Definitional aspects of the concept dealing with attraction to group as a result of the forces acting on members to remain in the group (Cartwright, 1968; Libo, 1953), attraction of group as an entity (Berger & Koekebakker, 1959; Hartford, 1971; Israel, 1956), and forces acting on members to remain in the group as an entity (Festinger et al., 1950) were not referred to by the participants of this study.

Libo (1953) wrote that cohesion involved a personally meaningful individual-object relationship, the object being the group. The results of this study supported Libo's assertion. Six participants stated that their bonding experiences were with specific group members, and two disclosed feelings of being linked to every member of the group. Participant 4 further disclosed that she had bonded with the "Big Book" which guides the group's eating disorder program.

Cohesion, or bonding, on the individual level is manifested by feelings of caring, love, acceptance, trust, and closeness toward group members, and a sense of belonging to the group. This finding supported the results of Evans and Jarvis' (1980) study which reported that cohesion involved the elements of acceptance by

the group and a sense of belonging. Hartford (1971), Marram (1973), and Van Servellen (1984) also indicated that cohesion was primarily expressed by a sense of belonging. The elements of love, caring, trust, and closeness were not identified in the literature as important indicators of cohesion.

Cohesion is also manifested cognitively as an increased examination of personal behavior and problems, increased understanding of health problems and coping behaviors, and assimilation of group norms. All participants reported a change in the way relationships and behaviors were viewed. Although this result revealed that cohesion is expressed cognitively, the review of the literature referred to in Chapter II does not coincide with this finding.

The greatest literature support exists for the findings related to the results of cohesion for the individual group member. Those results were: (a) a sense of not being alone, (b) increased self-esteem, (c) increased group participation and attendance, (d) a greater sense of hope for an improved quality of life, (e) improved coping, (f) participation in activities outside of group meetings, (g) formation of meaningful relationships within the group, and (h) positive

behavioral changes (goal attainment). Dies and Hess (1971) and Shaw (1979) wrote that an increase in interaction and shared participation by members were effects of cohesion. Both Frank (1957) and Yalom (1985) reported that the greatest value of group cohesion was the fact that positive behavioral changes, or therapeutic changes, were promoted. One behavioral change listed by Yalom (1985) was that clients formed meaningful relationships, and one change noted by Frank (1957) was an increase in self-esteem. Loomis (1957), Marram (1973), and Van Servellen (1984) all documented that group cohesion resulted in an increase in self-esteem and maintenance of group membership. Lott and Lott (1965) also listed an increase in self-esteem as a consequence of cohesion. Cartwright and Zander (1968) and Libo (1973) pointed out that one effect was that attendance remained high. Cartwright (1968) observed that additional results were maintenance of membership and participation in group activities. Boyer's (1972) study demonstrated that a consequence of cohesion was the member's increased ability to accomplish goals. Clark (1977) further showed that cohesion resulted in maintenance of membership and effective work toward positive outcomes by the individual

member. These findings all coincide with the results of the present study.

Responses from the participants of this study indicated that group cohesion resulted in a sense of hope: hope that life could be meaningful despite cancer, hope that one could obtain and maintain normal weight, hope that one could survive losing a spouse to Alzheimers, hope that a child with cancer would be cured, and hope that one could deal with a drug-addicted child. Another important consequence was the sense of no longer being alone in the fear, anger, emotional and physical pain, helplessness, or confusion. It is of interest that these findings were not supported in the literature.

Several authors suggested various ways to measure group cohesion. Festinger et al. (1950) proposed a sociometric measure of the friendships formed within the group, as well as the level of outside social activities. Gross and Martin (1953), Libo (1953), Piper et al. (1983), and Van Berger and Koekebakker (1959) specified maintenance of membership as the criterion to measure the existence of cohesion. The results of this study indicated that although these tools would measure some of the effects of cohesion, the measurement

would be extremely limited and would not speak to the central elements of the concept.

Conclusions and Implications

Based on the findings of the study, the following conclusions and implications regarding cohesion as experienced by young adult women in support groups were derived:

1. With the information obtained from this study, several potentially useful findings have been extrapolated. There is now a clearer understanding and a more accurate description of cohesion. The question as to whether cohesion is an elusive concept seems no longer to be appropriate. This study also indicated the importance of qualitative research in concept clarification. By extending the current knowledge through research, health professionals can develop a tangible plan to enhance group therapy as a treatment modality.

2. The findings of this study indicated that the situation of cohesion can occur when group members have similar life experiences and problems, when they interact at high levels, and when they identify with one another. When constructing groups, nurse therapists need to give consideration to the homogeneous nature of the members.

The present study revealed that the situation of cohesion can occur where homogeneity is high. Although this finding provided some clues as to the prerequisites of cohesion, additional knowledge needs to be obtained.

3. Cohesion is an experience of bonding with, or being linked to, other members of the group, unlike the widely held definition of attraction to the group, or attraction as a result of forces acting on members to remain in the group. Further studies with different types of groups may provide additional insight into the description of cohesion in various situations, thus making the conclusions more generalizable.

4. The essence of bonding is experienced as an act-object relationship. The essence was found to contain both elements of emotions and cognition: feelings of love, caring, trust, closeness, acceptance, and belonging toward the group, and cognitive understanding of problems and group norms. Tools, such as a self-report inventory, need to be developed to measure members' feelings about a group rather than their behavior in the group. Tools need also to address the cognitive changes that take place.

5. Cohesion is a necessary experience for the individual group member before therapeutic behavioral

change can take place. Group leaders may consider, therefore, devising interventions to facilitate and enhance the experience of cohesion. Since cohesion appears to occur at any stage of the group process, including the very first meeting, interventions might be implemented at once.

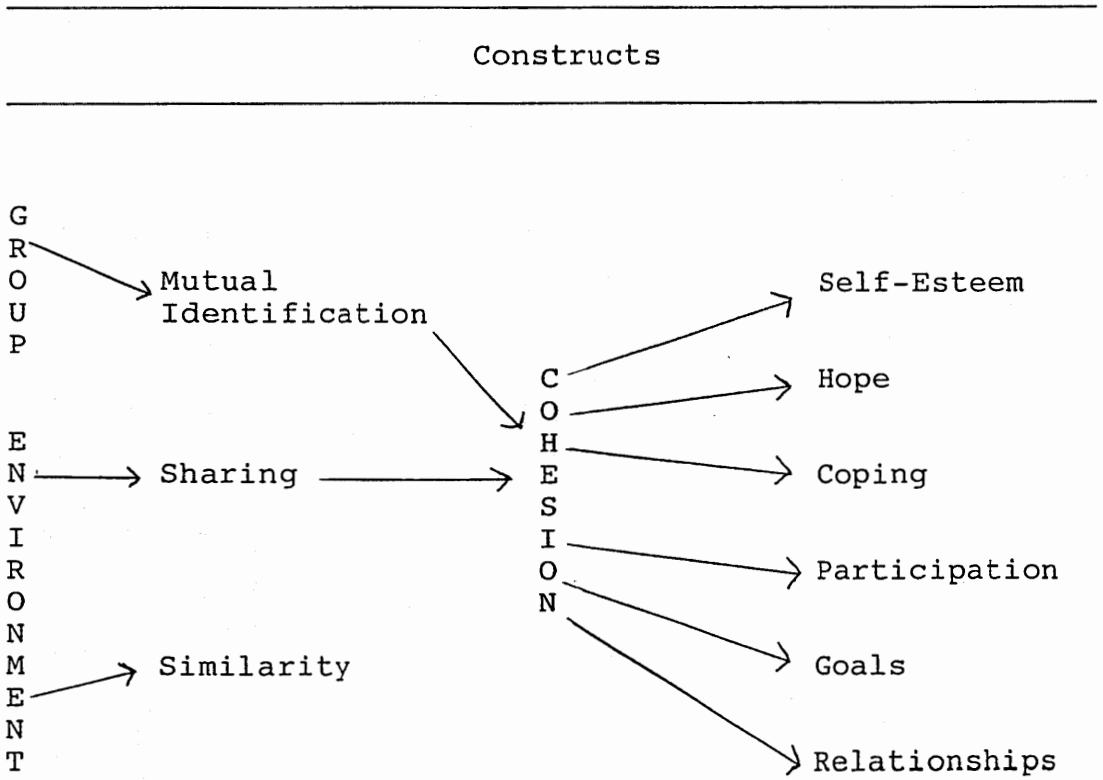
6. The results of this study begin to formulate some constructs, terms whose definitions are not complete, and concepts, terms with complete definitions which are empirically applicable (Gibbs, 1972). Some assumptions for the theory of cohesion are: (a) cohesion is a word symbol that implies bonding, (b) activities related to cohesion, as well as consequences associated with having or not having cohesion, can be viewed as manifestations of members' feelings, behaviors, and cognitive changes, (c) cohesion is better than non-cohesion, (d) there is a particular atmosphere that must occur before cohesion can take place, (e) fostering cohesion development is a function of the group members, and (f) growth of the group member is a function of cohesion. The antecedents of cohesion, or those situations and conditions occurring prior to the concept, consist of the following membership characteristics: the individual members possess similar problems and experiences, share openly, and identify

with one another. A definition for cohesion, then, is an individual member's sense of bonding with, or being linked to, other group members as a result of shared problems and experiences and identification with one another. The defining attributes of cohesion are: (a) a strong sense of caring, acceptance, love, belonging, closeness, and trust toward other members of the group, and (b) an increased understanding of health problems and coping behaviors. The consequences, or results, of cohesion are increased self-esteem, hope, coping, participation, goal-attainment, and healthy relationship-building.

The following statement demonstrates how these constructs relate: The greater the intermembership similarity, sharing, and mutual identification, the more cohesive the group, and the more cohesive the group, the more a member's self-esteem, hope, coping, participation, goal-attainment, and healthy relationship-building will improve. Table 9 shows a schematic representation of this interrelationship statement. Although all of the components are considered constructs, the cohesion definition is beginning to formulate.

Table 9

The Phenomenon of Cohesion Within a Support Group Environment



Recommendations for Further Study

Several recommendations for further study have been identified based upon the conclusions and implications of this study:

1. In order to add theoretical validity to the present study, the results should be compared to descriptions of other group members of different ages, different types of groups, and different gender. Greater validity could be given to the results if the same patterns emerged.

2. Multiple sites and multiple methods of evaluating the essence of cohesion determined in this study would help provide a more complete conceptual view. For example, another method of possible study might be direct observation.

3. Phenomenological studies of several of the emotional responses are recommended. For example, study questions might focus on the live-experience of hope, trust, acceptance, belonging, and love.

4. Since the level of a group member's bonding to the group appears to contribute to a number of important group outcomes, accurate assessment of this variable is particularly important. Based upon the

description of cohesion formulated in this study, an instrument to measure bonding could be developed. Final selection of the items could be guided by the emotional and cognitive elements of the concept of cohesion.

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APPENDICES

APPENDIX A

Human Subjects Review Committee Approval Letter

TEXAS WOMAN'S UNIVERSITY
P.O. Box 22939, TWU Station
OFFICE OF RESEARCH AND GRANTS ADMINISTRATION
DENTON, TEXAS 76204

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Anna Louise Hintze Center: Denton

Address: 307 Hillside Drive Date: 6/14/88

Eldridge, Iowa 52748

Dear Anna Louise Hintze,

Your study entitled Cohesion: A Phenomenological Study of a Group Experience

has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your study. these are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

_____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

_____ Other:

XXXX No special provisions apply.

Sincerely,

Chairman
Human Subjects Review
Committee at Denton

cc: Graduate School
Project Director
Director of School or
Chairman of Department

10/1/87

APPENDIX B

Oral Presentation to Participants

Oral Presentation to Participants

My name is Louise Hintze and I am a doctoral student in Nursing at Texas Woman's University, Denton, Texas. The purpose of the study that I am conducting is to examine the concept of group cohesion, or what individuals feel makes a group attractive, from the viewpoint of the group member.

It is expected that this study will benefit nursing practice by providing a description of cohesion and identifying factors which will enhance or inhibit cohesion in the group setting. This may aid in the understanding of the processes groups go through to assist members in solving human relations problems.

Participants for this study will be interviewed until they feel the experience has been fully described. These interviews will be audio-tape recorded with your permission. A possible risk during this process might be the creation of feelings of anxiety or uncomfortableness. As a participant, you have the right to discontinue the interview at any time. All responses will remain confidential and participants will not be identified by name on the tapes or in the reporting oft the study. In addition, you have the right to withdraw

from participating in the study at any time prior to its completion.

Following the interview, you will be given the opportunity to talk about the experience of participating, and given information on how you can receive an abstract of the study results, if you wish to have one.

a possible benefit to participants is that the individual will have an opportunity to explore the significance of the group experience and reflect upon the meaning of that experience. Generally, the findings will assist nurse group leaders to understand how clients view the group process.

Do you understand the purpose of the study and the nature of your participation in the study?

Please feel free to ask questions during the interview.

APPENDIX C

Consent to Participate: Consent Form B

Consent to Tape-record: Consent Form C

TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

CONSENT FORM B

Title of Project: Cohesion: A Phenomenological Study of A Group Experience

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Signature _____ Date _____

Witness _____ Date _____

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature _____ Date _____

Position _____

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

Modified Consent From C

TEXAS WOMAN'S UNIVERSITY

I, the undersigned, do hereby consent to the recording of my voice by A. Louise Hintze, acting on this date under the authority of the Texas Woman's University. I understand that the material recorded today may be made available for educational, informational, and/or research purposes; and I do hereby consent to such use.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman"s University.

_____
Signature of Participant

_____
Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

_____
Authorized representative of the Texas Woman's University

_____
Date

APPENDIX D

Demographic Data of Pilot Study Participants

Demographic Data of Pilot Study Participants

Participant	Age	Group	Meets	Number of Members	Gender of Membership	Length of Membership
1	36	Overeaters Anonymous	Weekly	15-20	Male & Female	2 Years
2	38	SIDS	Monthly	10	Female	2 Years
3	38	Church	Weekly	20	Male & Female	2 Years

APPENDIX E

Human Subjects Review Committee

Approval Letter for Pilot Study

TEXAS WOMAN'S UNIVERSITY
Box 22939, TWU Station
RESEARCH AND GRANTS ADMINISTRATION
DENTON, TEXAS 76204

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Anna Louise Hintze Center: Denton

Address: Box 23763 TWU Date: February 23, 1987

Denton, Texas 76204

Dear Anna Louise Hintze

Your study entitled Cohesion: A Phenomenological Study of a Group Experience

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

XX Other: Provide a letter indicating population, selection procedure, relationships of pilot studies to Nursing courses, debriefing procedures, and consent form use.

____ No special provisions apply.

cc: Graduate School
Project Director
Director of School or
Chairman of Department

Sincerely,

Chairman, Human Subjects
Review Committee

APPENDIX F

Complete Listing of Relevant Constituent Statements for Pilot Study

COMPLETE LISTING OF RELEVANT CONSTITUENT STATEMENTS

FOR PILOT STUDY

Interview 1

1. D. identified one example of a cohesive experience in her self-help group.

2. This experience involved the shared reading of prenatal inventories where the members were totally honest and open with one another. This created a time of great closeness for D.

3. The experience of sharing and telling about feelings created a sense of closeness to the other members.

4. Through the acts of sharing (feelings and events in an open and honest way) a sense of closeness occurred which created a bond providing support.

5. Emotions were also expressed through crying and hugging.

6. Time seemed to be of little significance or have little meaning during intense sharing periods.

7. D. felt accepted by the group and knew that her feelings were not going to be discounted.

8. Because D. could share previously undisclosed information to the group, the members came to mean a great deal to her.

9. Honestly sharing feelings and events and suffering from the same disease (over-eating), helped bond D.'s group together.

10. This sharing experience was emotionally draining for D. but it still created a sense of caring for the other women and a sense of bonding.

11. Showing caring feelings through hugging helped D.'s group bond together.

12. Even though D.'s mood might be down, she experienced the group as a wonderful place where members were willing to share with her, thus she felt more elated.

13. The group made D. feel hopeful, happy, and loved.

14. A strong part of the group's bonding was the understanding (trust, norm) that shared information would not be repeated outside of the group.

15. Contact and support provided outside meetings added to the cohesion of the group. This contact and support gave D. the feeling that members were thinking about her and reaching out to her.

16. If the group meetings were not meeting D.'s needs she called a member to be a mentor. This process often created a cohesive bond with that person.

17. Unconditional acceptance of her shared information by the group bonded D,. to the group.

18. Characteristics of the group that kept D. going back to the meetings (or made the group attractive) were: (a) the ability to share things not shared in other places, (b) unconditional acceptance by the group, (c) a feeling that the group cared for (loved) her, (d) praise from the group, and (e) affirmation by the group.

19. D. experienced the group as a family that she cared about very much.

20. The group gave D. the ability to examine and change her behavior.

21. The group bonded together because of the similar compulsive eating problems of its members (similar experiences). The group offered acceptance, love, and support.

22. Through the support of the group, members could reach their goals.

23. D. experienced a strong, close, supportive, friendship-relationship with these women. One she felt would be maintained through the years with or without physical contact.

24. The sharing of the prenatal inventory experience drew the group together (bonded).

Interview 2

1. K. felt the group was cohesive because the members had all experienced the death of a child. She perceived this experience as a common bond.

2. The group members freely expressed their feelings and opinions without asking for approval or fear of anger. Sharing was facilitated by the fact 6that the group members have similar feelings and experiences. They showed support for one another verbally.

3. Members were able to express personal information to the group when often they couldn't do this with family or friends due to a lack of understanding. The group offered: (a) support for expression of feelings and verbalizations, (b) acceptance of crying, (c) a willingness to listen, (d) understanding, and (e) sharing.

4. hings that contributed to a feeling of camaraderie were meeting in a home environment instead of a hospital, expressing similar feelings, and sharing.

5. Parent-to-parent meetings were more cohesive than business meetings because parents could express their feelings without value judgments.

6. One situation outside of the group that increased the group's bond was a membership drive.

7. Bonding for K. was the linkage that members formed because of their special empathic communication.

8. Communication in the group was special because the members were willing to listen, perhaps unlike family or friends. Members came to the group because the group offered sharing, understanding, and reassurance that one could make it through the loss of a child.

9. Friendships were formed among members in the group.

10. The individual members' ability to give and invest in the group affected cohesion. The person's ability to give or be involved was enhanced if he or she was not overwhelmed with a number of problems or life stressors.

11. Individuals who previously belonged to groups learned to trust the group experience and become more involved. A member's ability to feel comfortable in the group was dependent upon the extent to which he or she could trust the group to accept, respect, and understand individual behaviors and keep information confidential.

12. The women in the group felt accepted and supported and as if they were part of (belonged) the group. The group had very few male members because they didn't feel like part of the group.

13. Individuals who dominated the group were destructive because sharing was decreased and new members got a false impression of what the group was about.

14. It was difficult for new group members to become part of this highly cohesive group.

15. The group members' ability to relate to each other affected cohesion. Individuals with similar backgrounds and values related on a higher level than those who were dissimilar.

Interview 3

1. Probably the one time we were the most cohesive was when one person in the group expressed a concern about a particular information content we were studying. We were just using the Bible material but was gathering information from outside sources. She became very concerned about the question of her own salvation.

2. It seemed like the group got very united in trying to give her some kind of reassurance and some kind of feedback that would make her less distressed because she was very tearful.

3. They said things to her like, "You can't interpret things out of context." The more intellectual members of the group pointed out that the Bible has to be taken in its entirety. Some of the more feeling people said things like, "Those are just feelings. We are assured of other things. You just can't go by those feelings."

4. Those discussions became real involved, lasting an hour.

5. This particular woman still tended to be the most active in the group. She never missed a meeting and asked the most questions., She studied her lessons very hard as well.

6. Because she contributed so much and always put so much into the meetings, people were real willing to give back to her when she was upset.

7. That was a cohesive time.

8. Some of the other times that were real cohesive were when the group looked at material that was particularly uplifting and reassuring. On these weeks more people seemed to discuss.

9. They were more supportive of one another. It was a happy, warm, fuzzy, stroking time.

10. When there was a lot of discussion from a lot of different people, the group was more cohesive.

11. People would say things like, "That was really interesting, or I gained a lot. We really had a good discussion." Those kinds of statements indicated that they felt it was a beneficial group.

12. It was a very supportive group.

13. The group cares a lot about each other during the meetings and during the week.

14. Many of the people were total strangers when the group was started.

15. So the group became much more cohesive over time which was demonstrated by their concern for each other, calling each other during the week, asking and knowing when group members were ill, and offering to help one another.

16. The group became a real group.

17. The members did things together outside of the group because a bond was there. What created the bond was studying uplifting and positive material.

18. The members tried real hard to praise each other and stroke each other. They tried to make affirmative statements to the individuals who were gaining some new insights.

19. There was also, "I don't agree with you." There was openness to say that which helped even with the cohesion. There was an ability to express opinions and not have the conversation cut off, whether or not it was favorable.

20. The group came from many different religious backgrounds. Individuals left the group because of different theological opinions.

21. B. enjoyed the group very much.

22. The biggest enjoyment for B. with the group was getting to know people that she didn't know before. People who had really wide intellectual and experiential knowledge.

23. These people made B. look at things about herself and stimulated her to reexamine her opinions. It made her feel closer to the group as well.

24. The members of the group socialize with one another outside of the group.

25. B. felt the group was supportive of her ideas.

26. The fact that B. got support in the group made her feel good and like the other members.

27. One of the things that did not contribute to the cohesiveness was that the group did not have a set meeting place, thus members had difficulty finding the group.

28. The group members were cooperative with one another. This created a helping kind of feeling right away and reinforced the goals of the group.

29. B. felt warm toward the group and supportive.

APPENDIX G

Sample of an Interview

EXAMPLE OF AN INTERVIEW

Participant: It was one night that we had all gotten together after a convention, an all-day convention, and we went to bed in the same room and talked about our prenatal inventories. We were all real honest and open with each other. We didn't hold anything back. We just read our prenatal inventories, and I think that was the closest I felt because we were all sharing something that we had imagined our birth was from the day of conception to the day we were born.

Researcher: So sharing created a sense of closeness?

Participant: Yes. A lot of the other women had a very painful memory of conception, or how they thought their prenatal term was, and it was time where I don't think I've felt any closer to anyone in my entire life. We shared things with each other and then we did cross-talk where you listen and give support. And you know it was like--it was just a very close time. You could feel the bonding with the women in that room. It was very supportive.

Researcher: So you feel like one of the things that contributed to the bonding was the sharing.

Participant: Yes, the sharing of everything in an open way. We would all cry and hug, and we cried and we hugged, and we just went on and on. I bet we stayed up for 6 hours talking, and I mean we never got tired and each person, there were six of us there, shared with each other those special times of memories or how we thought our parents would have conceived us if we were there. So, that was probably one of the most cohesive things I've felt in my entire

life, because I shared with those women things I never thought I could share with anyone. But there was an openness that I wasn't going to be judged by what I said, and no one was going to say "no, that is wrong." It was a wonderful experience. It really was.

Researcher: Sharing special memories in an environment where you felt you were accepted contributed to a sense of bonding.

Participant: Uh-huh. The sharing. We are all suffering from the same disease, and we are all working together to get better. And I think that's another thing that bonded us together.

Researcher: You all had a similar problem?

Participant: Yes, a similar disease and similar problems. The similarities. All the women there are all suffering from the same disease I am, which is compulsive overeating, so again it's a bonding knowing that those women are suffering from the same disease I am suffering from. So you just feel, you know, like they've been down the same road I've been down. We all know what each other is going through. And so we are all suffering and that bonds us together, and the sharing with each other, and the honesty. That bonds you pretty close.

When you get women telling you exactly what they feel, you know, and knowing they wouldn't share it with anyone but you. And it was pretty emotional. It was very draining too. You know you really drain yourself emotionally after you go through something like that, but it is the emotional drain I think that bonds you to those people because you really care about them a

lot after you hear what they've been through.

Researcher: So you think part of it is caring?

Participant: Uh-huh, definitely caring. The women there, you know, it's like we have three meetings a week here. But whatever meeting you go to you feel welcome. Because whenever you walk in that door you get hugs immediately. And it's the hugging, and I can't tell you how important hugs are because for a long time I couldn't hug anyone. As soon as the meeting was over I was out the door. But I think that's part of the group. You give hugs. And hugs are good therapy, because it's reaching out and telling someone you care when you hug someone. That bonds you together, and you can give individuals bigger hugs.

Researcher: Hugs also helped bond the members.

APPENDIX H

Revelatory Statements for the Entire Study

COMPLETE LISTING OF RELEVANT CONSTITUENT STATEMENTS

FOR THE ENTIRE STUDY

Interview 1

1. D. identified one example of a cohesive experience in her self-help group.

2. This experience involved the shared reading of prenatal inventories where the members were totally honest and open with one another. This created a time of great closeness for D.

3. The experience of sharing and telling about feelings created a sense of closeness to the other members.

4. Through the acts of sharing (feelings and events in an open and honest way) a sense of closeness occurred which created a bond providing support.

5. Emotions were also expressed through crying and hugging.

6. Time seemed to be of little significance or have little meaning during intense sharing periods.

7. D. felt accepted by the group and knew that her feelings were not going to be discounted.

8. Because D. could share previously undisclosed information to the group, the members came to mean a great deal to her.

9. Honestly sharing feelings and events, and suffering from the same disease (over-eating), helped bond D.'s group together.

10. This sharing experience was emotionally draining for D., but it still created a sense of caring for the other women and a sense of bonding.

11. Showing caring feelings through hugging helped D.'s group bond together.

12. Even though D.'s mood might be down, she experienced the group as a wonderful place where members were willing to share with her, thus she felt more elated.

13. The group made D. feel hopeful, happy, and loved.

14. A strong part of the group's bonding was the understanding (trust, norm) that shared information would not be repeated outside of the group.

15. Contact and support provided outside meetings added to the cohesion of the group. This contact and support gave D. the feeling that members were thinking about her and reaching out to her.

16. If the group meetings were not meeting D.'s needs, she called a member to be a mentor. This process often created a cohesive bond with that person.

17. Unconditional acceptance of her shared information by the group bonded D. to the group.

18. Characteristics of the group that kept D. going back to the meetings (or made the group attractive) were: (a) the ability to share things not shared in other places, (b) unconditional acceptance by the group, (c) a feeling that the group cared for (loved) her, (d) praise from the group, and (e) affirmation by the group.

19. D. experienced the group as a family that she cared about very much.

20. The group gave D. the ability to examine and change her behavior.

21. The group bonded together because of the similar compulsive eating problems of its members (similar experiences). The group offered acceptance, love, and support.

22. Through the support of the group, members could reach their goals.

23. D. experienced a strong, close, supportive, friendship-relationship with these women. One she felt would be maintained through the years with or without physical contact.

24. The sharing of the prenatal inventory experience drew the group together (bonded).

Interview 2

1. K. felt the group was cohesive because the members had all experienced the death of a child. She perceived this experience as a common bond.

2. The group members freely expressed their feelings and opinions without asking for approval or fear of anger. Sharing was facilitated by the fact that the group members have similar feelings and experiences. They showed support for one another verbally.

3. Members were able to express personal information to the group when often they couldn't do this with family or friends due to a lack of understanding. The group offered: (a) support for expression of feelings and verbalizations, (b) acceptance of crying, (c) a willingness to listen, (d) understanding, and (e) sharing.

4. Things that contributed to a feeling of comradry were meeting in a home environment instead of a hospital, expressing similar feelings, and sharing.

5. Parent-to-parent meetings were more cohesive than business meetings, because parents could express their feelings without value judgments.

6. One situation outside of the group that increased the group's bond was a membership drive.

7. Bonding for K. was the linkage that members formed because of their special empathic communication.

8. Communication in the group was special because the members were willing to listen, perhaps unlike family or friends. Members came to the group because the group offered sharing, understanding, and reassurance that one could make it through the loss of a child.

9. Friendships were formed among members in the group.

10. The individual members' ability to give and invest in the group affected cohesion. The person's ability to give or be involved was enhanced if he or she was not overwhelmed with a number of problems or life stressors.

11. Individuals who previously belonged to groups learned to trust the group experience and became more involved. A member's ability to feel comfortable in the group was dependent upon the extent to which he or she could trust the group to accept, respect, and understand individual behaviors and keep information confidential.

12. The women in the group felt accepted and supported and as if they were part of (belonged) the group. The group had very few male members, because they didn't feel like part of the group.

13. Individuals who dominated the group were destructive, because sharing was decreased and new members got a false impression of what the group was about.

14. It was difficult for new group members to become part of this highly cohesive group.

15. The group members' ability to relate to each other affected cohesion. Individuals with similar backgrounds and values related on a higher level than those who were dissimilar.

Interview 3

1. In the very first meeting, S. became close to one couple in the group because their children had similar illnesses.

2. Their interactions involved discussing treatments, protocols, and sharing of information.

3. S. felt closer to this couple than anyone else because of their similar experiences and the sharing of information.

4. S. experienced a linking with the members of the group whose children were going through the same treatments as her own.

5. S. felt it was necessary to stay connected to the group through attendance and participation because of a possible need for future emotional support due to the seriousness of her child's illness.

6. Another reason S. stayed linked to the group was that the local organization was in contact with the national group which provided information to the group on any new treatments and procedures.

7. Contributing to the group served a personal need for S. to be helpful to others, and increased her sense of belonging to the group.

8. For S. being part of the group also was a way of facing the reality of her child's illness and going to meetings assisted with a feeling of being connected and belonging.

9. Another strong motivation for S. to remain part of the group was that it provided a resource for her daughter for experiences with other children who were going through the same types of things.

10. One thing that increased S.'s sense of being connected to the group was more contact with members outside of the meetings.

Interview 4

1. D. identified one example of a cohesive experience in her support group.

2. This experience occurred during the very first meeting she attended and involved a sense of bonding with another member who related experiences of losing 120 pounds.

3. D. was able to relate on a personal level to this other member's feelings and experiences because they were similar to her own. Their mutual experiences increased D.'s sense of bonding and hope for continued improvement.

4. D. identified a second cohesive experience in the group which occurred within the last six months. This experience involved a new person who had come into the group. This person related to her in the same way D. had to the other woman in her first meeting.

5. Observing a person's willingness to change and follow the program deepened D.'s convictions and reminded D. of herself.

6. Seeing someone willing to change, willing to turn their life around, willing to work the 12 steps, and willing to practice self-denial created a very special bond.

7. Assisting people with their problems was vital to the bonding process, but cohesion was rare and didn't happen often.

8. The sense of bonding (or relationships that contained bonding) did not always last between D. and group members, and in the case of D. was broken by the other's response (original experience of bonding), or unwillingness to maintain the program.

9. When other group members were willing to change, a feeling of special bonding was created.

10. This ability to grow together and become a better person created a sense of bonding.

11. Sharing created feelings of not being alone and feelings of being understood.

12. Sharing feelings also increased bonding and created a sense of closeness.

13. To help get through the rough times, D. thought of the group members she was close to, or had bonded with, and asked herself, "If my group members were here would I be eating this or nagging my kids, or saying this?"

14. Part of the experience of cohesion was being committed to one another, inside and outside of the group.

15. A sense existed that the spirit of the group was with members no matter where or what.

16. In the beginning of the treatment process bonding, even with a couple of members, was important for successful change.

17. You don't have to be together physically to experience cohesion.

18. For D. the prerequisite for bonding with a member of the group was that the member could assist her with a realistic type of recovery and give her hope.

19. A sense of sharing even in spiritual aspects increased group bonding.

20. Bonding assisted members to stay in the group and in the program and grow.

21. Bonding helped one move forward and keep moving forward, and kept one from backsliding.

22. A sense of sharing and a sense of helping each other grow existed outside group meetings as well.

23. D. also formulated a bonding relationship with the Big Book which provided strength and help.

24. The Big Book affected the group's bonding because it helped members identify similar experiences and similar program goals.

25. Strong bonding with the group facilitated positive changes in behavior.

26. The ability of D. to bond with other members of the group depended upon the other individual's willingness to change their behavior.

27. One aspect of bonding was the possibility of hope.

Interview 5

1. Personal cohesiveness occurred right at the very beginning of the group being formed for B.

2. Cohesiveness started for B. with one person who had had the same surgery, was the same age, and had small children. This occurred through a three-hour phone conversation before the group was formed.

3. This cohesiveness and a mutual need for information and support precipitated the formation of the mastectomy support group with three ladies.

4. Through the mutual sharing of experiences, the members were able to laugh at themselves and relate to one another.

5. Mutual relating was an important part of the group. This relating increased understanding, but did not provide pity, which the members did not want.

6. One 27-year-old member of the group said for her that cohesiveness was the feeling of relating. Being able to relate the worries, the silly things that happen, and knowing that someone understood. It also helped to be able to ask someone who had been through the same things and receive feedback.

7. The group gave it's members strength.

8. Increased numbers have not affected the cohesiveness of the group because with 20 or 30 there was still a lot of personal interaction.

9. The group had 1,000 individuals on the mailing list. They received letters from ladies sending back stamps saying please accept these stamps as contributions, but please keep sending the newsletters.

10. They did this because of knowing somewhere out there were friends--their group. My gals who have been through the same things.

11. What was neat about the group was that cohesiveness was always there because there was always another person who had gone through, or was going through, the same things.

12. Mutual experiences, even more than mutual concerns, made the group cohesive and pulled people together.

13. What inspired these ladies was that they came to the meetings and saw 65-year-olds who looked great. They said, "I'm going to look like that too."

14. Members felt they could discuss any personal topic.

15. The original four who started the group did things together, as well as their husbands and kids.

16. They found that as the group went on the members became friends, and it continued into their family situations.

17. Part of the friendships was caring, which went beyond just the mastectomy caring and friendships.

18. B. went to the meetings on a regular basis because it was almost like a child to her. The group began with a need within her. She was unable to imagine not going, and felt that even if she moved she would start another group.

19. B. would go, as well as other members, until the day she dies.

Interview 6

1. The support group had a common bond, cancer, and a common goal, to help each other with emotional and physical problems.

2. The various make-up of membership (patients, friends, family members) increased the opportunity for sharing of experiences.

3. Individuals came to the group meetings for support, to be with people sharing a common bond, and to express their feelings about their illness.

4. Within the group, members had an opportunity to share feelings, which they may not have been able to share other places, with people who had similar experiences.

5. Through group interaction the members realized that no one was alone.

6. Members were anxious to come to meetings and attended regularly to share feelings and experiences.

7. Everyone in the group was really close and concerned.

8. Outside of the meetings members visited one another, sent cards, and kept tabs on each other (reaching out).

9. New members were welcomed and offered support.

10. Appropriate confrontation was used by the group to members to get better.

11. The group was open and members were accepted regardless of what they shared.

12. Sharing was at a high level. Anything was brought up and discussed without limits.

13. Members were also accepted if they just wanted to sit and listen.

14. Since most members had been through about every aspect of treatment, the members were able to help with various types of questions.

15. Mutual experiences or similar problems helped the group be more supportive.

16. The group was united emotionally.

17. Outside of the group meetings members called one another all the time to offer support.

18. The group members also reached out to nonmembers when the occasion was appropriate to invite them to join the group.

19. The group provided an outlet where individuals could deal with their hostility, anger, denial, fears, and questions.

20. The group was not judgmental but offered suggestions to help members cope.

21. There was more than a sense of caring in the group. The caring part became love because the group was just like one big family.

22. All the members were giving, loving people.

23. Anything that came up members were comfortable discussing.

24. Members often supported and cheered for one another.

25. Even though the group was made up of individuals, there was a strong sense of sticking together, of being one, because of the common bond of cancer.

26. A strong comraderie existed.

27. The group also stuck together because all the members shared and cared for one another.

28. The group was also unified in reaching out to others.

29. The group offered helpful information about chemotherapy, as well as support for changing attitudes and feelings.

30. This was a close-knit group which provided an atmosphere where people could feel safe to change and learn new coping methods.

31. The group was a lot of fun. Members looked forward to going to the meetings and getting together outside of the group.

32. They just got together, shared, and communicated.

Interview 7

1. For E., cohesion involved seeking out distressed members, offering support, and giving of herself to assist them in coping with their problems.

2. Through the cohesive efforts of the group, members were able to become healthier, obtain coping skills, and contribute on a regular basis.

3. Because of similar problems, S.'s group helped each other and reached out to each other.

4. For E., the group was important and significant to her because it provided an opportunity for her to talk about, and share, problems.

5. Sharing of information and problems helped others cope and built understanding and acceptance.

6. The group offered it's members acceptance, companionship, love, caring, and an opportunity to share.

7. The sharing, caring, support, and joint activities outside of the group drew the group together and kept the members returning to the meetings.

8. Strong friendships were made in the group by accepting help.

9. These friendships were strong and involved joint activities outside the group, such as eating and going to church together.

10. The group gave E. the ability to cope with her husband's illness and related problems.

11. She attended meetings regularly to offer help and support to others, and to share.

Interview 8

1. Sue described a cohesive experience that occurred after she had been attending meetings for several weeks.

2. This session involved a time where she talked to the group about her guilt, frustration, and anger toward her son.

3. Many of the members shared with her similar feelings.

4. S. felt extremely close to the group during this session.

5. She felt accepted, love, and as if she belonged.

6. After this experience, S. was more willing to follow the groups' suggestions on how to relate to her son.

7. She began to feel that things for her would improve.

8. S. enjoyed going to the group and looked forward to seeing the members every week.