

Using a Common Factors Approach to Predict Support Group Satisfaction: A Pilot Study

Original Empirical Article

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Abstract

Facilitated support groups can be beneficial to the individuals who attend them (Nichols & Jenkinson, 2006). Although the success of support groups has been evaluated using common factors of group psychotherapy (Yalom & Leszcz, 2001), there is little evidence that those factors truly represent the factors that contribute to their success. Therefore, the purpose of this pilot study was to examine the relation between common factors and support group success. After developing three questionnaires to assess subjective support group success, participants were recruited via online platforms. Using Qualtrics, 13 participants completed the subjective support group satisfaction and common factors questionnaires. The results indicated that the common factors of individual and group psychotherapy are positively related to subjective success in support groups. However, small sample size, biased sampling and recruitment methods, and self-report assessment methods make further research necessary to accurately understand this relation.

Keywords: support groups, common factors theory, subjective satisfaction

Introduction

Support groups can be helpful to those who attend them, but the literature is unclear about why. Existing research regarding group psychotherapy contends that support groups are similar to group psychotherapy, but there is no evidence to support the claim (Bloch & Crouch, 1985). What remains unclear is whether the factors that contribute to success in group psychotherapy are the same as those that contribute to success in support groups. Using an approach following the common factors theory of group and individual psychotherapy (Frank, 1971; Yalom & Leszcz, 2001), it may be possible to predict support group success.

Support Groups

“The support group is about mutual help” (Nichols & Jenkinson, 2006, p. 25), wherein presence in a support group provides psychological and/or social support, and the support facilitated by these groups is unique to the nature of the support group. The importance of sharing direct individual experiences is that participants can connect through shared experiences (Nichols & Jenkinson, 2006). In short, the function of a support group can be understood as an experience that facilitates social support.

Social and psychological support are inextricably related and are sometimes used synonymously or interchangeably (Nichols & Jenkinson, 2006). The processes exhibited in group psychotherapy and support groups provide psychological support to participants. These benefits are well documented and mirror those of social support, as the nature of the support group is to facilitate social support (Nichols & Jenkinson, 2006). Support group association with health benefits, both physical and mental, highlights the importance and necessity of social support and support groups to the general population (Cain et al., 1996; Cella et al., 1993; Nichols & Jenkinson 2006). However, it is less clear exactly what “successful” means, and what factors contribute to “success” in a support group setting.

It is also unclear what factors contribute to or predict individual reported success in a support group setting, which is also a problem in the field of psychotherapy. While the research is detailed, participation in psychotherapy does, in fact, help, it remains unclear exactly how it helps (Cuijpers, 2019). While support groups are nontherapeutic, a similar



gap exists in the literature. Research indicates that there are factors that are present in group psychotherapy that are correlated with beneficial outcomes (Yalom & Leszcz, 2001; Bloch & Crouch, 1985), and while group therapy and support groups are noted to be remarkably similar (Nichols & Jenkinson, 2006), empirical evidence is lacking about the factors that contribute to success in support groups.

Common Factors Theory

In psychotherapy, there are various empirically supported approaches or ideologies to providing treatment. Decades of research suggest that there are nonspecific, or common, factors shared across individual therapies that contribute to their success (Frank, 1971; Cuijpers et al., 2019). Currently, the common factors are subject to intense debate in the field of psychotherapy largely due to extensive correlational data and judgement-based theoretical foundations (Yalom and Leszcz, 2001). Despite this contention, empirical evidence indicates that these factors are shared among successful or beneficial therapies and different models emphasize the significance of different factors (Baier-Mosch et al., 2025). Various models suggest two primary forms of common factors: individual psychotherapy and group psychotherapy common factors.

Individual Psychotherapy

Arguments about the presence of similar “common” factors amongst unique therapies can be traced to the early 20th century, since Rosenzweig (1936) initially posited the existence of “unrecognized” or “common” factors which lead to general success in therapy (Rosenzweig, 1936). Later, Frank (1971) expanded on this concept, listing six factors that could be related to success in therapeutic settings, primarily highlighting characteristics of the client and the therapist, with special emphasis on the client-therapist relationship, or the therapeutic alliance. Later studies reiterate that, among dozens of proposed and measured common factors, these factors fall into the same three categories as Frank (1971): client, therapist, and the client-therapist alliance (Grencavage & Norcross, 1990; Karimi, 2015). While research indicates the significance of unique factors in psychotherapy, extensive literature demonstrates the effectiveness of common factors in individual psychotherapy (Grencavage & Norcross, 1990; McAleavey & Castonguay, 2014). Notably, the therapeutic alliance is most strongly associated with change in therapy (McAleavey & Castonguay, 2014).

Group Psychotherapy

Similar to the common factors model of individual psychotherapy, there are also common factors models for group psychotherapy. Models of group psychotherapy also indicate a shift in the quality of factors that are common; while the individual common factors focused on factors of the client and the therapist, group process factors emphasize the “process” of the therapy, or factors which occur as a result of therapeutic experience (Yalom & Leszcz, 2001). Yalom and Leszcz (2001) highlight the importance of process (change) factors in group psychotherapy, including factors like the instillation of hope, universality, and group cohesiveness (Yalom & Leszcz, 2001). Among the various factors, Yalom and Leszcz emphasize that the factors of interpersonal learning and group cohesiveness are the factors worth most consideration, while others emphasize the significance of the therapeutic alliance (Cuijpers et al., 2019), or processes of self-disclosure and self-understanding within the group (Bloch & Crouch, 1985). Like the original common factors model, these models indicate the presence of nonspecific factors that contribute to the success of group therapy.

Support Group Factors

Nichols and Jenkinson (2006) suggested common characteristics of support groups that make them beneficial. These factors are derived directly from the Yalom and Leszcz (2001) model of group psychotherapy (Nichols & Jenkinson 2006). While there is much similarity between group psychotherapy and support groups, there is a gap in the literature that empirically supports these similarities (Nichols & Jenkinson, 2006, p. 29). Empirical evidence supports the view that these factors are beneficial in group psychotherapy (Yalom & Leszcz, 2001; Landi et al., 2020), but there is little research suggesting that the same factors are beneficial in support groups. To determine whether these factors are truly related to success in support groups, they must be empirically attributed to support groups.

Measuring Success in Support Groups

Measuring “success” in a support group can be challenging. Often, outcomes of different measures are used in conjunction with reported support group attendance (e.g., depression and anxiety scales; Cain et al., 1986). While participation in the support group may result in lower levels of depression or anxiety or improved quality of life (Cain et al., 1986) Cella et al., 1993), it remains unclear whether individuals were satisfied with their participation (Nelson et al., 2015).

Individual satisfaction can be measured using Patient Reported Outcome Measures (PROMs). PROMs are empirical measures that use patients' subjective insight to better inform treatment plans, providing care providers with essential information to treat the individual most effectively (Meadows, 2011). By using methods such as PROMs, helping professionals may develop care that is idiosyncratic to the individual's needs.

Present Study

While Nichols and Jenkinson (2006) contend that the overlap between group psychotherapy and the support group is extensive (Nichols & Jenkinson 2006), the research is lacking to defend this, and the common therapeutic factors of group psychotherapy have yet to be explored as common factors of support groups. Regarding “successful” support groups, the literature presents a range of measures that indicate or report “success,” but these measures either attribute success to reported symptoms (Brunelli et al., 2016) or examine success within a specific population (Cain et al., 1986). In existing research, a generalizable measure of “success” for support groups is unavailable.

Following a PROMs framework, this study examined “success” as subjective satisfaction, in which collected information directly reflects individual perceptions of what makes a support group successful, providing support group organizers with a guide for creating new groups and training new facilitators to foster the qualities most often cited as contributing to participant satisfaction in support groups.

Different studies of the common factors of individual and group psychotherapy vary in which factors they measure. This study aimed to empirically support the suggestions of Nichols and Jenkinson (2006), who initially proposed seven factors. For the purposes of this study, I used six of the seven factors. According to Nichols and Jenkinson (2006), these factors are: group cohesion, universality, the instillation of hope, imitative behavior, intellectualization, and catharsis. Of the original seven, one factor was removed due to redundancy— “the recapitulation of the family group” served a similar function to “group cohesion.” Various indices exist that measure these factors in group psychotherapy settings and served as the framework for measuring these factors (Caruso, 2013; Frank, 1971; Landi et al., 2020; Yalom & Leszcz, 2001).

By measuring the presence of the common factors of group psychotherapy in support groups alongside subjective satisfaction, I make the following hypotheses:

1. The newly developed support group factor scales would have high reliability.
2. The common factors of individual psychotherapy (Frank, 1971; Grencavage & Norcross, 1990; McAleavey & Castonguay, 2014) would be positively correlated with subjective success.
3. The common factors of group psychotherapy, established by Yalom and Leszcz (2001), and as contended by Nichols and Jenkinson (2006), would be positively correlated with subjective success in support groups.

Empirical support for the presence of these factors in support groups will serve as a foundation for organizing future support groups and training new facilitators, allowing for more access to creating community-based mental health resources.

Method

Participants

While 21 participants entered the survey, only 13 completed it in its entirety. Participants were recruited through online forums (e.g., Reddit.com) and by contacting support groups local to Muncie, IN. To be eligible to participate in the survey, individuals needed to be at least 18 years of age, have participated in a support group within the last two years or are currently participating in a support group, and have attended at least three support group meetings. There were no incentives offered for completing this survey. Participants were between the ages of 24 and 84 ($M = 53.69$, $SD = 20.09$). The majority (84.6%) of the participants identified as White or Caucasian ($n = 11$) and as women ($n = 11$). Participants were asked how many support group meetings they attended in the last two years, with responses ranging from 3 to 40 ($M = 13.85$, $SD = 10.19$). Most (53.9%) of these support groups were groups for caregivers ($n = 7$), followed by support groups for individuals with a mental health disorder ($n = 2$, 14.4%), and the remainder of the support groups (31.7%) were designated for other populations (e.g., co-dependents, see Table 1).

Measures

Demographic Questionnaire. Demographic Questionnaire included study eligibility items (i.e., age, group attendance) and demographic items on gender identity and race/ethnicity. See Appendix A for details.

Support Group Satisfaction. The Support Group Satisfaction Questionnaire (SGSQ; see Appendix B) was developed and included three questions that appeared to reflect satisfaction in a face-valid manner. The responses were anchored on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The total score is calculated as the mean of all items and ranges from 1 to 5, with higher scores indicating greater satisfaction with their support group experience.

Individual Psychotherapy Common Factors of Support Groups. The Individual Psychotherapy Factors of Support Groups Questionnaire (IPCF-SGQ) measured the common factors of individual psychotherapy in support groups using three factors: client factors, facilitator factors, and client-facilitator relationship factors. This model echoes the theories of Frank (1971) and Karimi (2015), which emphasize traits brought by the client and the therapist, as well as the strength of the client-therapist relationship. Answers were measured using the same 5-point Likert scale and response options as used in the SGSQ (*strongly disagree* to *strongly agree*). In total, this scale comprises 12 items and four subscales: the client subscale (four items), the facilitator factors subscale (four items), the client-facilitator relationship factor subscale (three items), and unrelated factors (two items) for face validity. See Appendix C for details.

Group Psychotherapy Common Factors of Support Groups. The Group Psychotherapy Common Factors of Support Groups Questionnaire (GPCF-SGQ) measured factors based on the group psychotherapy common factors models by Nichols and Jenkinson (2006) and Yalom and Leszcz (2001). The factor categories include group cohesion, universality (mirroring), the instillation of hope, imitative behavior (social learning), intellectualization (self-understanding), and catharsis. For each category, three statements were used, inspired by models of Nichols and Jenkinson (2006), Yalom and Leszcz (2001), Landi et al. (2020), and Caruso et al. (2013). Finally, two unrelated factor questions were asked for face validity. Answers were measured using the same 5-point Likert scale and response options as used in the SGSQ (*strongly disagree* to *strongly agree*). See Appendix D for details.

Procedure

After Institutional Review Board (IRB-FY2026-223) approval, participants were recruited using online methods (e.g., Reddit.com) and through support group organizations local to Muncie, IN. After their consent, they completed eligibility items, and if they met the eligibility criteria, they completed demographic questions, support group satisfaction questions (SGSQ), individual psychotherapy common factors of support groups questions (IPCF-SGQ), and group psychotherapy common factors of support groups questions (GPCF-SGQ) in randomized order. The survey ended with a thank-you message indicating that participants had completed the survey.

Data Analyses

Data were analyzed using IBM SPSS Statistics v. 30. Descriptive statistics, including means and standard deviations, and the internal consistency, using Cronbach's Alpha, were calculated for IPCF-SGQ, SGSQ, and GPCF-SGQ. The Pearson Product-Moment Correlations between the IPCF-SGQ and the SGSQ, and the GPCF-SGQ and the SGSQ were performed. When examining the correlations for the IPCF-SGQ and GPCF-SGQ, a Bonferroni correction was applied to the initial alpha level (.05) to determine the significance cutoff. For each scale, only one correlation was examined, indicating that $\alpha = .05$ remained the cutoff for significance.

Results

Preliminary Analyses

Initially, 21 participants entered the survey, but 8 did not complete it in its entirety, leaving 13 participants in the sample. An outlier was removed from the dataset for the final analysis because their responses to the satisfaction scale did not align with theoretical perspectives and with the remainder of the sample. Final analyses were based on data from 12 participants. Hypotheses were examined before and after the outlier.

Main Analyses

Scale Reliabilities. Before the removal of the outlier, internal consistency for the SGSQ was good with Cronbach's $\alpha = .95$. After the removal of the outlier, internal consistency remained good, $\alpha = .92$. Second, the IPCF-SGQ was examined. Before removing the outlier, the initial internal consistency for the IPCF-SGQ ($M = 4.19$, $SD = 0.77$) was

good, with Cronbach's $\alpha = .89$. After removing the outlier, internal consistency of the scale remained good and the mean and standard deviation for the scale did not change appreciably, $\alpha = .90$ ($M = 4.18$, $SD = .80$). Finally, the GPCF-SGQ initial internal consistency for the scale was good with $\alpha = .83$. After removing the outlier ($M = 3.95$, $SD = .75$), internal consistency remained good, with $\alpha = .85$. See Table 1 for details.

Relation between Individual Psychotherapy Common Factors and Satisfaction. Before the removal of the outlier, there was a moderate, significant positive correlation between the individual psychotherapeutic common factors and satisfaction, $r(11) = .61$, $p = .029$. After removing the outlier, the correlation between IPCF-SG and SGS was strong, significant, and positive, $r(10) = .81$, $p < .001$. See Table 1 for details.

Relation between Group Psychotherapy Common Factors and Satisfaction. Before the outlier was removed, the correlation between the GPCF-SGQ and the SGSQ was moderate, positive, and significant, $r(11) = .65$, $p = .016$. After removing the outlier, the correlation was strong, positive, and significant, $r(10) = .83$, $p < .001$. See Table 1 for details.

Table 1

Cronbach's Alpha and Correlation to SGSQ; Before and After Removal of Outlier

Scale	Before			After		
	<i>M (SD)</i>	α	<i>r</i>	<i>M (SD)</i>	α	<i>r</i>
IPCF-SGQ	4.19 (0.77)	.89	.61*	4.18 (0.80)	.90	.81*
GPCF-SGQ	3.94 (0.72)	.83	.65*	3.95 (0.75)	.85	.83*
SGSQ	4.05 (1.42)	.95	-	4.31 (1.13)	.92	-

Note. GPCF-SGQ = Group Psychotherapy Common Factors of Support Groups; IPCF-SGQ = Individual Psychotherapy Common Factors of Support Groups; SGSQ = Support Group Satisfaction Questionnaire.

* $p < .05$

Discussion

The purpose of this study was to determine whether common psychotherapeutic factors in individual and group psychotherapy were positively related to satisfaction in support groups. This study found that, as suggested by existing conjecture (Bloch & Crouch, 1985; Nichols & Jenkinson, 2006; Yalom & Leszcz, 2001), common psychotherapeutic factors in individual and group psychotherapy are positively and significantly related to satisfaction in support groups.

The first hypothesis predicting high internal consistency for the newly constructed scales was supported by the results of this study. Each scale had high internal consistency. This reflects internal consistency observed by related scales in existing literature, directly supporting research by Yalom and Leszcz (2001) and Meadows (2011). The high internal consistency indicates that the SGSQ, the IPCF-SGQ, and the GPCF-SGQ were reliable, representative measures of satisfaction with support groups and psychotherapy common factors within support groups in this sample.

The second hypothesis, which predicted a positive correlation between the IPCF-SGQ and the SGSQ, was also supported by the results of this study. Individual psychotherapy common factors were previously disregarded in relation to the support group space, as most research postulated about group psychotherapy common factors (Bloch & Crouch, 1985; Yalom & Leszcz, 2001). Existing literature indicates that support groups are similar to therapy (Nichols & Jenkinson, 2006), and the magnitude and significance of the correlations between the IPCF-SGQ and the SGSQ support an association between those therapeutic factors and satisfaction with support groups. This relation may help support group organizers better understand what contributes to participants' perceived satisfaction with the support group, emphasizing that the traits exhibited by the facilitator and the participant, as well as the quality of their relationship, are associated with higher satisfaction.

Finally, the third hypothesis, which predicted a positive correlation between the GPCF-SGQ and the SGSQ, was supported by the results of this study. While this conjecture has been heavily postulated in the existing literature (Bloch & Crouch, 1985; Nichols & Jenkinson, 2006; Yalom & Leszcz, 2001), it has never been examined in an empirical study. This study empirically supports those arguments, providing empirical support for previously unexplored avenues. The GPCF-SGQ had a strong, significant, positive association with the SGSQ, suggesting a relation between group psychotherapeutic factors and support group satisfaction. As with the individual psychotherapeutic factors, this positive relation between group psychotherapy common factors and support group satisfaction provides a better understanding of future support group development.

Limitations and Future Research

This study has a number of limitations. First, the limited and biased recruitment strategies resulted in a small, non-representative sample, which limits the practical applications of this study. The new questionnaires, while high in internal consistency, need to be examined for validity, other types of reliability, and factorial analyses in larger samples in future research before they can be used in clinical settings. Second, the correlational design only allows us to examine associations between/among the variables and limits any causal and temporal inferences about common factors and group satisfaction. Third, the use of self-report questionnaires provides only a subjective and potentially biased view of participants, which limits a well-rounded understanding of support group satisfaction.

Due to these limitations, this study serves more appropriately as a pilot study. While not by design, the limitations described above prevent these data from serving as anything other than a pilot study. Nevertheless, this study lays the foundation for future research into the relation between psychotherapy common factors and support groups, providing a basis for more in-depth exploration and understanding of that relationship. The strength and direction of the correlations among the IPCF-SG, GPCF-SG, and the SGSQ indicate that the association among these factors warrants further examination. Additionally, replicating this study would provide an opportunity to continue evaluating the internal consistency of the scales. If the results of this study are replicated in future research with larger sample sizes, then there would be a stronger empirical basis for the claims Nichols and Jenkinson (2006).

Conclusion

Based on the present results, this study functions as preliminary data for future research. The common factors of individual psychotherapy (IPCF-SGQ) and group psychotherapy (GPCF-SGQ) are strongly and positively related to support group satisfaction (SGSQ). Low sample size, poor reliability for some of the original subscales, and an outlier make it difficult to substantiate the hypotheses. Future research is necessary to further support these ideas, with larger sample sizes and further examination of scale reliability required for more accurate interpretations of the results. This pilot study serves as a basis for further research examining the association between common factors and support group satisfaction.

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Appendix A

Demographics

1. What is your age?
2. For the next three questions, answer based off of your participation in one of the support groups you attended (if you attended more than one in the last two years, pick the one that you felt was most beneficial).
 - a. How many meetings did you attend for this group?
 - b. What population did the group serve? (e.g., caregivers, people with depression, etc...)
 - c. Are you currently a member in this support group?
 - i. Yes
 - ii. No
3. What is your gender identity?
 - a. Man
 - b. Woman
 - c. Transgender Man
 - d. Transgender Woman
 - e. Nonbinary or gender-nonconforming
 - f. Other:
4. Which race and/or ethnicity to do you most identify with? Select all that apply.
 - a. Black or African American
 - b. Native American or Alaska Native
 - c. Asian
 - d. Native Hawaiian or Pacific Islander
 - e. Hispanic or Latinx
 - f. White or Caucasian
 - g. Other:

Appendix B
Support Group Satisfaction Questionnaire (SGSQ)

Based off of the support group you attended, indicate how much you agree with the statements.

1. I was satisfied with this support group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

2. I found this support group helpful

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

3. I would recommend this support group to a friend

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Appendix C

Individual Psychotherapy Common Factors in Support Groups Questionnaire (IPCF-SGQ)

Based off of the support group you attended, indicate how much you agree with the statements.

Client Factors Subscale

1. I believed that this support group would be effective

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

2. I believed in the value and effectiveness of support groups in general

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

3. I was motivated to actively participate in this support group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Facilitator Factors Subscale

4. I felt that the facilitator was good at leading this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

5. I felt the facilitator was supportive of other members in this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

6. The facilitator was well-trained for this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

7. I felt the facilitator accepted and understood what I was feeling in this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Client-Facilitator Relationship Factors Subscale

8. Facilitator(s) and members had common goals for this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

9. Facilitator(s) and members trusted one another.

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

10. There seemed to be conflict between members and facilitator(s)*

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Unrelated Factors Subscale

11. I arrived on time for support group meetings

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

12. The facilitator for this group seemed to live in the local area

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Note. *Indicates item was reverse scored.

Appendix D

Group Psychotherapy Common Factors in Support Groups Questionnaire (GPCF-SGQ)

Based off of the support group you attended, indicate how much you agree with the statements.

Group Cohesion Factors Subscale

1. I felt a sense of belonging in group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

2. I felt less alone by being in this group

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

3. I felt very alone by being in this group*

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Universality Factors Subscale

4. In group, I learned that I have more similarities with others than I would have guessed

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

5. In group, I learned that I am not the only one with my type of problem

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

6. In group, I learned that others have similar life experiences to mine

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

The Instillation of Hope Factors Subscale

7. This group inspired me about the future

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

8. In group, I saw that others had solved problems similar to mine, and that encouraged me

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

9. In group, I felt hopeless about the future*

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Imitative Behavior Factors Subscale

10. In group, I learned how I come across to people

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

11. In group, I better understood how to deal with my problems

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

12. In group, I learned how to solve my problems by hearing what other people do

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Intellectualization Factors Subscale

13. By being in group, I discovered new parts of myself

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

14. By being in group, I accepted different parts of myself

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

15. By being in group, I came to dislike parts of myself*

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Catharsis Factors Subscale

16. In group, I was able to get things off my chest

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

17. In group, I was able to say what is bothering me, as opposed to holding it in

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

18. In group, I felt comfortable openly expressing emotion

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Unrelated Factors Subscale

19. The room in which the support group met was warm and comfortable

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

20. There was usually food present at group meetings

Strongly Disagree	Mildly Disagree	Neither agree nor disagree	Mildly agree	Strongly Agree
1	2	3	4	5

Note. *Indicates item was reverse scored.