



Group Psychotherapy with Psychotic Patients

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1. Why is group therapy possible with psychotic patients?
 2. Is there a common definition of group therapy for psychotic patients?
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1. Why is (psychodynamic) group therapy possible with psychotic patients?

- Psychotic symptoms have a defensive and compensational function against the feared loss of the ego, his detachment from the world or an unbearable tension of mental states with a dilemmatic character (Mentzos, 2015).
- The main dilemma in the identity of psychotic patients is the antagonism between subject- and object related tendencies.

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- Protection of the ego, identity and self needs separation from the outside world with the risk of isolation and annihilation.
 - On the other side object-relations are threatening the ego with loss of identity by fusion and symbiosis.
 - Fromm-Reichmann 1974: the need-fear dilemma.
 - Pao 1979: the need to be at the same time close and distant, fused and separated.

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- But:
 - Transference reactions might be less intense and less focused in a group – Slavson (1961) mentions a „dilution“ of transference.
 - Therapists are part of the group and can more easily be perceived as a real person.
 - Symbiotic needs can be projected into the group-as-a-whole which can be understood as an envelope „which offers its members a secure and containing place in which they can explore the parts of themselves as yet unexplored“ (Ivezic & Urlic, 2015).

- The multiplicity of interaction in the group eases the self-object differentiation.
- Group cohesion helps to experience the group as a good symbiotic object without risk of fusion.
- This can facilitate a corrective emotional experience.

2. Is there a common definition or method of group therapy for psychotic patients?

NO !

The term is used mainly for psychodynamic treatment while psychoeducation and focussed manualized trainings (e.g. social skills training) are performed in groups but mainly do not use the term therapy, except CBT in groups. Klingberg (2008) e.g. states, that psychoeducation may be understood as standardized, short and informational focus in a group format.

Fontao & Hoffmann (2011) therefore used for their review about group therapy with psychotic patients the title „psychosocial treatment in group format“.

Different interventions are labelled as „groups“, „group therapy“ or „group programmes“ what makes it difficult to review and compare them.

Vauth (2012) criticises that manualized group programmes are often run by therapists or other professions without group therapeutic training or knowledge disregarding the group context and dynamics.

3. Is there some evidence that group therapy with psychotic patients works?

Well...ahem....some.....

- A review from Mosher & Keith 1980 for studies from 1966 – 1975 found that studies were not comparable and the concept what group therapy should be was quite unclear – the verdict: „no wonder psychosocial treatment of schizophrenia is in disrepute“ (31).

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- A comment from Klein (1980) on the review was even more truculent: „...of 19 group studies only one shows a minor clinical effect that was not clearly due to group therapy. Two showed possible but very dubious effects. Sixteen either failed to demonstrate an effect or were uninterpretable or irrelevant“ (127).
 - Sandner (1985) reported from several projects but only in a casuistic way.
 - Kanas (1996) in his review states that one result was clearly that acute schizophrenic patients in acute wards did perform bad in comparison to patients in sub-acute wards.

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- And: Some studies showed that insight-oriented treatment was ineffective and even harmful while group procedures aimed at an improvement in interpersonal relations are effective.
 - Finally Scott & Dixon in 1995 argued in their review on studies realized in the years before: „There is a general consensus that studies on group psychotherapy have not provided clear and consistent evidence for improved social or vocational functioning among persons with schizophrenia“ (625).

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- What we know today (Burlingame et al., 2004, Strauß & Burlingame, 2012) is
 1. that group therapy as part of complex treatment programmes for schizophrenia has shown excellent results, and
 2. there is good evidence for training groups, psychoeducative groups and multifamily groups.
 3. and as well for CBT programmes focusing on auditory hallucinations and delusions (TARRIER et al. 2000, Pinkham et al., 2004).
 - That is why group therapy is not as mandatory in treatment guidelines for psychosis as for other mental disorders, see e.g. the NICE guidelines.

Problems in research on group psychotherapy for psychosis:

- There is nearly no systematic research for specific treatment models, especially interpersonal group psychotherapy (Yalom) or psychodynamic group psychotherapy.
- It is difficult to compare studies in a meta-analysis due to the ambiguity of the concept of psychosis, variety of group therapeutic models and general problems in group psychotherapy research (Gonzalez de Chavez, 2009, Fontao & Hoffmann, 2011).

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- Group therapy is often part of complex treatment programmes or „naturalistic“ treatment settings (...the group on the ward...)- „...the main problem of research on psychosocial treatment in group format remains the difficulty specifying and separating the effects of group interventions from those of other treatment programmes“ (Fontao & Hoffmann, 2011:229).
 - Studies of group processes focusing on Yalom’s therapeutic factors, therapeutic alliance and the concept of group climate are rare and mostly done by small research groups.

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- Further research should focus not only on outcome but as well broader on themes like exposition of therapy, time of intervention, transfer, predictors of outcome and specific sub-groups (responsiveness, Vauth & Rüschi, 2001) and relevant process variables.
 - Another issue should be a revision and specification of the construct of outcome which actually is mainly measured by relapse and psychopathology. From a recovery perspective this seems shortsighted, and may not reflect the perspectives of service users.
 - Only few long running groups for psychotic patients are offered by services (in Germany....).

4. What happens in groups and what makes groups work in general?

- A basic premise is that general aspects of group dynamics occur independent from the theoretical perspective and the aims of a group. The question is if we make use of these dynamics.
- The perspective of (psychodynamic) group dynamics includes:
 - the differentiation between psychotherapy in or by the group

- The format of the group (small, median and large group) and the inherent dynamics of these formats
- The importance of face to face communication, development of a common target, a certain time-line, the development of shared norms and values, the interdependence and flexibility of roles, and the cohesiveness of the group (we).
- The group differentiates between adherence (in and out), power and intimacy in the group.

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- The perspective of social psychology and group dynamics
 - has very much focussed on the organizational structure of groups (e.g. prepared and structured vs. emerging groups)
 - analyses interactional cycles and development of groups
 - analyses group development, e.g. the model of Tuckman & Jensen, 1977): Forming (dependency from the group facilitator), storming (differentiation and conflicts), norming (rules and norms, cohesion and interpersonal intimacy), performing and adjourning (loss and separation)
 - stresses the importance of sub groups and group norms

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- The interpersonal perspective from Yalom: He defined what he first called „curative factors“ which seem to fulfill special functions or needs of groups and group members.
 - **Supportive Factors:**
 - **Universality:** Shared experiences and feelings among group members, endorsing a feeling of belonging to instead of isolation, validating experiences and supporting self-esteem.
 - **Cohesion/Acceptance:** Bion coined the word of „groupishness“ as basic human need to belong to a group.

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- Altruism – the group as a place of supporting other group members enhances self-efficacy and self-esteem.
 - Instillation of hope: Esp. mixed slow-open groups with patients at different states of recovery show that problems they struggle with at the moment can be solved.
 - **Self-disclosure factor**
 - Self-disclosure: Verbalizing personal feelings, critical life events and until then hidden thoughts.
 - Catharsis: Experience of relief from emotional distress through uninhibited expression of emotions.

- **Interpersonal learning:**

- Interpersonal learning (Input): Higher level of self-awareness by interacting in the group and mirroring.
- Guidance.
- Imparting knowledge.
- Vicarious learning through modeling.
- Development of socializing techniques (interpersonal learning output) – improving social skills and interpersonal behavior.

■ Psychological work:

- Corrective recapitulation of primary family: In group therapy often a transference process emerges through which therapists and group members are unconsciously identified with relations in the primary family.
- Self-understanding or insight.
- Existential factor.

Yalom's contribution to group psychotherapy is seminal because he focussed on the practice in clinical work with mixed patients, slow open groups and time-limited participation. His concept has huge overlaps with psychoanalytically orientated group therapies and with mentalisation based group psychotherapy.

Other concepts which are relevant for the treatment of psychotic patients: Group analysis (mirroring, Pines, 1998), Bion's psychoanalysis of the group (basic assumptions: dependency, fight/flight, pairing) and Hopper (2010) incohesion/aggregation-massification), and the „anti-group“ (Nitsun, 1996).

5. What seems to work in psychodynamic groups with psychotic patients – some empirical results.

Two research groups from the University of Madrid and the University of Zagreb have published their research work with long-term psychodynamic group psychotherapy with psychotic patients:

Garcia-Cabeza & Gonzalez de Chavez, 2009: They examined a group of 17 clinically stabilized schizophrenic patients participating at a weekly outpatient group therapy (mean 24.6 months) with the Yalom Q-sort questionnaire and the SAI-E (Schedule for the Assessment of Insight).

Results: In general patients rated the factors hope, self-understanding, altruism and universality as most important, and guidance, catharsis and interpersonal learning (output) as intermediate. Matched with the results of the SAI-E three groups were identifiable:

1. Level 4-5 (Acceptance of mental illness with no appraisal of personal psychological elements): Hope, altruism and existential factor.
2. Level 6-7 (Awareness of biographical and psychological factors): Hope, guidance, catharsis, existential factor.
3. Level 8-9 (psychosis being understood as part of their problems and themselves): Hope, self-understanding, universality, guidance.

Garcia-Cabeza et al., 2011: In this study the above mentioned smallscale study was included, additionally 62 inpatients (33 with psychosis, mean 12 sessions, and 29 with major affective disorder, mean 13 sessions) were examined with the Yalom Q-sort. The group of psychotic patients rated highest hope, altruism, cohesiveness, IPL output, while the group of patients with affective disorder rated higher hope, altruism, IPL output. A comparison with therapists and 21 schizophrenic outpatients (mean 21 months): Outpatients rated highest self-understanding, IPL output, hope and cohesiveness, while therapists rated self-understanding, hope, IPL output, IPL input. Conclusion: Support factors received the highest value.

Restek-Petrovic et al., 2014: 57 outpatients with psychosis (31 with schizophrenia), gender matched, time in group therapy from 0-6 months up to over 5 years (- 6 months n = 16, 6 months – 2 years n=11, 2-5 years n=14, over five years n=16). Most important factors were hope, cohesion and existential factor, but all in all factors did not differ very much. Differences between time in treatment were significant: Catharsis was more important for patients staying in the group for more than a half years and recapitulation of primary family for the group over 5 years.

Women in general rated instillation of hope higher than men.

6. Psychodynamic aspects of group psychotherapy with psychotic patients.

- Psychodynamic group psychotherapy for psychosis should always value unspecific supportive factors as preconditions for a secure and holding environment. Instillation of hope and universality are essential to retain patients in group therapy, to develop cohesion, to prevail over withdrawal and help to create a new self-concept.
- The focus of the psychodynamic group therapy is always on relationship and to prevent autistic isolation.

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- Communication in the group is open, without pressure to change, non-intrusive and non-interpretative. Clarification and negotiation are the main techniques of intervention. Especially in the beginning of a group or in the support of a beginner in the group the group therapist should be in an active and supportive role and contain destructive feelings of anxiousness, shame and being not respected or even attacked by the group.
 - The group therapist should actively focus on self-object-differentiation, the capacity of the group to clarify and tolerate opposites and the regulation of closeness and distance.

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- We should use and allow to use „mental imagery“, analogies, metaphors and in general not intrusive and confrontative interventions (Benedetti 1975) – „to cushion the ball“. This should not be false understood that the therapist should not intervene very clear in cases of offensive or devaluating behaviour.
 - We should actively support and use the integrative capacity of the group, e.g. Ivezic & Urlic, 2015:

“The group provides a sufficient setting for activation and correction of disturbed development of object relations, where the child’s need for secure attachment as a basis for emotional growth is provided by group cohesion and the group matrix. The group acts as caring and care-giving entity, which helps individuals to bring together split aspects of the self. Part-object states and the paranoid-schizoid position are revived in the group under conditions of anxiety and regression, where the split off or repressed parts of the self are projectively indentified into the group matrix and experienced in allocation within the group rather than in the self, and the group-as-a-whole, like the responsive mother, changes to accommodate the projected elements” (318f)

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- Group psychotherapy helps to develop self-understanding and insight: „Group psychotherapies have a series of specific characteristics and therapeutic factors that help the patients admit the subjective character of their psychotic disorder, and based on the acceptance of their disorders to acquire a higher level of insight ... group therapeutic factors favor insight: self-knowledge by mirror reactions, insight on subject and psychopathological character of psychotic experiences of other members and help them to admit the subjective character of their owns, thus encouraging self-knowledge and change” (Garcia-Cabeza & González de Chávez 2009).

7. Conclusion

Psychodynamic group therapy should facilitate the construction or reconstruction of healthy self awareness, personal agency and self empowerment, manifested by the integration of the illness into a personal biographical narrative (Lysacker, 2003, Frances & Uhlin 2006).