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SOCIAL FUNCTIONING OF PATIENTS WITH PSYCHOTIC DISORDERS IN LONG-TERM PSYCHODYNAMIC GROUP PSYCHOTHERAPY: PRELIMINARY RESEARCH

Branka Restek-Petrović[1], Rudolf Gregurek[2], Ratimir Petrović[3], Nataša Orešković-Krezler[4], Mate Mihanović[1] & Ena Ivezić[1]

[1]Psychiatric Hospital ''Sveti Ivan'', Zagreb, Croatia
[2]Department of Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia
[3]Department of Nuclear Medicine and Radiation Protection, University Hospital Centre Zagreb, Zagreb, Croatia
[4]Private psychiatric practice, Zagreb, Croatia

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SUMMARY

Background: *In recent years, social functioning of patients has increasingly been used as a criterion for assessing therapeutic efficacy of the group psychotherapy. The purpose of this preliminary study was to examine whether social functioning of patients with diagnosed psychotic disorders changes during their participation in psychodynamic group psychotherapy.*

Subject and methods: *The sample consisted of 30 patients involved in the psychodynamic group psychotherapy (PGP), and a comparative group of 30 patients treated only with antipsychotic medication therapy (treatment as usual; TAU). After two years of therapy, the instruments designed for this study (self-assessment and therapist-assessment questionnaire) were applied to examine changes in patient communication in their interpersonal relations, romantic and working functioning, and overall social functioning. The research also included data as to whom patients turned to for help, and the number of hospitalisations in the observed period.*

Results: *The majority of patients from both groups assessed their social functioning as improved, with significant differences found only in the area of romantic relations: more patients in the TAU group assessed their functioning as worsened. Nevertheless, a significantly higher number of patients in the PGP group were assessed by their therapists to have improved social functioning in all dimensions, except in the area of romantic relations, where there was no statistically significant difference between the groups. In comparison with the TAU group, twice as many patients in the PGP group turned to their psychiatrist for help and had four times fewer hospitalisations.*

Conclusion: *Considering the limitations of this preliminary study, it can be concluded that the findings are promising, although further research is required to determine whether a psychodynamic approach to group psychotherapy truly leads to improved social functioning of patients with psychotic disorders.*

Key words: *social functioning – psychosis - psychodynamic group psychotherapy*

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INTRODUCTION

The universally accepted position in the field of psychotherapy is that patients with psychotic disorders have significant difficulties in interpersonal relations that limit their communication, capacity for intimacy and participation in the social matrix (Schermer & Pines 1999). In social interactions, this is manifested in high anxiety, confusion, ambivalence, dependency, and fear of separation. Patients with chronic schizophrenia are most damaged in the sphere of interpersonal relations. Even in the premorbid period or during the remission period, they have little or no interpersonal relations outside the family (Schermer & Pines 1999). Research (e.g. Fusar-Poli et al. 2010, Dragt et al. 2011) has shown that poor premorbid social adaptation is a significant predictor for entry into a psychotic episode in high-risk individuals, and that deficits in social functioning are a stable characteristic associated with schizophrenia (Cornblatt et al. 2008).

Alongside antipsychotic medication therapy, group psychotherapy is also often applied in the treatment of psychotic disorders. Psychodynamic group psychotherapy is generally aimed at discovering and working through early psychological trauma, object relations, defenses, and primitive fantasies. However, experience has shown that classical techniques that are appropriate for non-psychotic patients tend to exacerbate symptoms in psychotic patients in the majority of cases (Schermer & Pines 1999). Therefore, modern psychodynamically-oriented therapists recommend the introduction of supportive and directive elements into therapy (Stone 1995, Kanas 1996). While the evaluation of psychotherapy treatments in the past were primarily directed at reducing symptoms, in recent times, the significance of including variables such as social functioning have become more prominent, as patient recovery requires reintegration and resocialization (Juckel & Morosini 2008). There are relatively few published papers concerning the effects of group psychotherapy on social functioning of patients with psychotic disorders. Several studies have been published that suggest the effectiveness of cognitive behavioural therapy (e.g. Kingsep et al. 2003, Fowler et al. 2009) and diverse integrative

approaches (e.g. Yildiz et al. 2004, Popolo et al. 2010). However, with regard to psychodynamic group psychotherapy, though several previous studies gave encouraging data (e.g. Kanas 1986, Profita et al. 1989), only one study in the past ten years examined social functioning of patients (Blinc Pesek et al. 2010). That study indicated that those patients with longer participation in group psychotherapy had less frequent social relations outside the group. The authors suggested that there may be an optimal time for the patient to leave the group.

With the desire to provide patients with appropriate conditions for psychological changes that will be reflected by improved functioning and quality of life, the objective of this study was to examine whether the social functioning of patients with psychotic disorders changes during their participation in long-term psychodynamic group psychotherapy.

SUBJECTS AND METHODS

Subjects

A total of 60 outpatients with psychotic disorders participated in this study. The psychiatric diagnosis of the patients was determined by the attending psychiatrists, according to the ICD-10 diagnostic criteria (WHO, 1992). Thirty patients were involved into psychodynamic group psychotherapy (PGP). The remaining 30 patients were treated with antipsychotic medications, along with occasional psychiatric check-ups (treatment as usual; TAU), and they did not receive any (group) psychotherapy. The selection of patients for psychotherapy was conducted according to general inclusion principles for psychodynamic group psychotherapy, but with adaptations for the category of psychotic patients (Restek-Petrovic et al. 2007, Urlic 2010). Selected patients were heterogeneous in terms of gender, and the age range was sufficient to avoid a generation gap, and to facilitate the communication and mutual relations. The patients had sufficient introspective abilities, and at least minimal motivation for change. Patients affected by a neurological disorder, those with comorbid addictions, with excessively destructive experiences in the primary family, and those with low comprehension skills were not included. Efforts were made to equalise the TAU group with the PGP group in terms of sociodemographic and clinical characteristics. The execution of this study was approved by the Ethics Committee of the psychiatric institution within the study was undertaken, and was performed in accordance with the Declaration of Helsinki and subsequent revisions. All subjects gave their informed consent for participation.

The PGP group included 20 men and 10 women, with an average age of 39.5 years. Nineteen patients had higher education, the remainder had lower education qualifications. With regards to employment, 16 were employed, 4 unemployed, 10 retired. 10 patients were married, 4 in a relationship, 3 divorced, and 13 were single. The average duration of the disease was 9.17 years, and the average number of hospitalisations was 3.17. The occurrence of all diagnoses were as follows: schizophrenia (n=20), schizoaffective disorder (n=6), delusional disorder (n=2), repeated depressive disorder with psychotic symptoms (n=2). In the TAU group, there were 16 men and 14 women, and the average age of the sample was 41.5 years. 4 patients were highly educated, the remainder had secondary or primary school qualifications. 13 were employed, 3 unemployed, 1 was a student and 13 retired. 15 were married, 3 in a relationship, 1 divorced, and 11 were single. The average duration of the disease was 10.13 years, and the average number of hospitalisations 4.13. The diagnoses were: schizophrenia (n=25), schizoaffective disorder (n=4), delusional disorder (n=1).

Group psychotherapy

The psychodynamic group psychotherapy was carried out in four groups, as part of the outpatient programme at the Sveti Ivan Psychiatric Hospital in Zagreb, and patients were included in groups after hospitalisation. Sessions were held once weekly, for a duration of one hour. The examined period was two years, though groups continued with their work after the completion of that period. The groups were led by the same therapist, a psychiatrist and group analyst. Classic group analytic techniques (Foulkes 1977) were applied, with the necessary adaptations for psychotic patients (Restek-Petrovic 2003): a more active approach by the therapist in stimulating patient communications, and establishing group cohesion; avoidance of the opening of unconscious content and conflicts that arouse anxiety; less interpretation of unconscious content; supportive interventions when necessary; and greater focus on the situation “here and now” rather than “then and there.” However, the long-term perspective of the group allowed for spontaneous communication, and the gradual development of interactions among patients in order to actualize and identify inner conflicts, and to gradually progress through all types of therapeutic interventions.

Instruments and procedure

After two years of group psychotherapy, two questionnaires were applied: the self-assessment instrument and the therapist-assessment instrument. The questionnaires addressed changes in patient communication in existing and new interpersonal relations, romantic and working functioning, and overall social functioning. The available standardized instruments measuring social functioning of psychiatric patients were not suitable in order to obtain a subjective assessment, perception of patients and their therapists. Therefore, the applied questionnaires were specifically developed for the purposes of this study. In order to increase objectivity, the therapist-assessment was not performed by the same therapist that led the group psychotherapy. Data for analysis were the number of patients whose social

functioning had been assessed as improved, unchanged or worsened. The number of hospitalisations during the examined two-year period and information on whom the patient turned to in situations when they felt a worsening of their mental state were also considered.

RESULTS

The results of the comparison of patient self-assessments between the PGP and TAU groups are shown in Table 1.

The majority of patients in both groups assessed their overall social functioning and communication as improved after two years of therapy, while about half of patients assessed their working functioning as improved, and the other half as worsened. Half of patients from both groups assessed their romantic relations as improved, though among patients in the TAU group, a significantly higher number assessed their romantic relations as worsened (χ^2=27.34, df=2, p=0.00). Thus, the only statistically significant difference between the groups was found in the area of romantic relations.

The results of comparisons of therapist assessments of the PGP and TAU groups are shown in Table 2.

The therapists assessed the overall functioning and communication of the majority of patients from both groups as improved, with significantly higher number of patients from PGP assessed to have improved these areas of social functioning (overall functioning: χ^2=10.17, df=2, p=0.01; communication: χ^2=10.76, df=2, p=0.01). Moreover, among patients from PGP group, a significantly higher number were assessed by the therapists to have unchanged work functioning, while among patients from the TAU group significantly higher number of patients were assessed to have worsened work functioning (χ^2=26.02, df=2, p=0.00). In the area of romantic relations, there were no statistically significant differences between the PGP and TAU groups.

The comparison of patient self-assessment and therapist-assessments of patients showed that there were no significant differences in the areas of overall social functioning (χ^2=9.406, df=4, p=0.05), working functioning (χ^2=1.482, df=5, p=0.92) and communication (χ^2=7.482, df=4, p=0.11). A significant difference was found in the area of romantic relations (χ^2=11.14, df=5, p=0.04): more patients assessed their social functioning in romantic relations as improved than was assessed for the patients by the therapists.

In the PGP group, 21 patients directly contacted their psychiatrist when needed help, 7 turned to family members, and 2 responded that they turned to no one. In the TAU group, 10 patients turned to their psychiatrist, 12 to family members, and 8 patients contacted no one. Moreover, PGP group had an average of an almost four times fewer hospitalisations (0.23) in the observed two-year period than TAU group (0.8).

Table 1. Comparison of the number of patients in the PGP and TAU groups who assessed their social functioning as improved, unchanged or worsened

Patient self-assessments	Improved		Unchanged		Worsened	
	PGP	TAU	PGP	TAU	PGP	TAU
Overall functioning Chi-Square =3.33, df=2, p=0.19	30 (100%)	27 (90%)	0 (0%)	2 (6.7%)	0 (0%)	1 (3.3%)
Romantic relations Chi-Square = 7.36, df=2, p=0.00	14 (46.7%)	16 (53.4%)	15 (50%)	5 (16.6%)	1 (3.3%)	9 (30%)
Work functioning Chi-Square =1.07, df=2, p=0.59	13 (43.3%)	14 (46.6%)	5 (16.7%)	0 (0%)	12 (40%)	16 (53.4%)
Communication Chi-Square =2.85, df=2, p=0.24	29 (96.7%)	26 (86.7%)	1 (3.3%)	2 (6.65%)	0 (0%)	2 (6.65%)

Table 2. Comparison of the number of patients in the PGP and TAU groups whose social functioning was assessed by the therapist as improved, unchanged or worsened

Therapist-assessment	Improved		Unchanged		Worsened	
	PGP	TAU	PGP	TAU	PGP	TAU
Overall functioning Chi-Square = 10.17, df = 2, p = 0.01	27 (90%)	19 (63.3%)	3 (10%)	5 (16.7%)	0 (0%)	6 (20%)
Romantic relations Chi-Square = 3.52, df = 2, p = 0.17	11 (36.7%)	9 (30%)	10 (33.4%)	7 (23.3%)	9 (30%)	14 (46.7%)
Work functioning Chi-Square = 26.02, df = 2, p =0 .00	11 (36.7%)	12 (40%)	6 (20%)	1 (3.3%)	13 (43.4%)	17 (56.7%)
Communication Chi-Square = 10.76, df = 2, p = 0.01	26 (86.7%)	18 (30%)	4 (13.3%)	5 (16.7%)	0 (0%)	7 (23.3%)

DISCUSSION

The aim of this study was to examine whether social functioning of patients with diagnosed psychotic disorders changes during their participation in psychodynamic group psychotherapy. The psychodynamic group psychotherapy provides new interpersonal influences that allow the patient to resolve conflicts, develop a more adequate picture of themselves in relation to others, and improve reality testing (Gonzales de Chavez 2009).

The results of patient self-assessments showed that patients from both groups had an overall improved image of their own social functioning in different areas. It is possible that this is due to the influence of inclusion in treatment, regardless of whether only medications or psychotherapy were applied. Other reasons are also possible, such as the non-critical stance of patients or a desire to please the therapist. The only statistically significant difference between the groups was found in the area of romantic relations. Work on close and intimate relations is an integral part of the group process, which could be the reason why fewer patients from the group involved in the psychodynamic group psychotherapy (PGP) assessed their relations as worsened.

As in the case of patient self-assessment, therapists assessed that the social functioning of patients had improved for most patients after the two-year therapy period, though significant differences were obtained between the groups, with better results for the PGP group. It is possible that there truly is an effect from participation in group psychotherapy, though it cannot be excluded that there is subjectivity on the part of the therapists. The only area of social functioning in which there was no significant difference between the groups was in the area of romantic relations.

The comparison of therapist assessments with patient self-assessments indicates the trend that therapists generally gave poorer assessments of the patients than the patients did of themselves. This could be a reflection of the reduced insight of patients towards aspects of their social reality, or it could be a reflection of the higher expectations of therapists for their patients in the sense of improved functioning. Nevertheless, the therapist assessments and patient self-assessments significantly differed only in the area of romantic relations. It is possible that therapists are more demanding and critical in their assessments than are patients, while patients are more inclined to assess even the slightest progress in their relations as significant. On the other hand, there is a possibility that the psychotherapeutic group process induced hope and positive expectations in the patients, so they evaluated their romantic relationships as improved.

As additional criteria for the assessment of patient functioning, patients were asked whom they turn to for help, and the number of hospitalisations in the examined two-year period was also considered. In comparison with the group in the treatment as usual (TAU), twice as many patients in the PGP group turned directly to their psychiatrist for help, indicating a positive therapy alliance and insight towards the disease. Furthermore, patients included in PGP group had almost four times fewer hospitalisations than patients in the TAU group. These results are consistent with the findings of several earlier studies (Alden et al. 1979, Profita et al. 1989). However, caution is necessary when comparing the findings with other studies. For example, in the study of Blinc Pesek et al. (2010), different techniques and principles were used, the frequency and duration of psychotherapy were different, and different measures were applied to assess social functioning of the patients.

It is necessary to stress the significant limitations of this study. The patient sample was relatively small and specific, patients included in the therapy were not randomised, and specific inclusion principles were applied for the group psychotherapy, which limits generalisation of findings. Furthermore, the obtained effects cannot be specifically attributed to participation in PGP. Social functioning of the patients was not assessed at the beginning of the therapy, so there might have been some initial differences between the groups. Other factors that were not controlled might have had a significant role, such as differences between the groups in personality, social support, introspective abilities or education level. Also, the obtained effects might be a result of the general benefits of having a psychotherapy relationship, not necessarily a PGP. Furthermore, self-assessments and assessments are prone to subjectivity. Future studies should take these limitations into account, and in further research, it would be interesting to test the gender differences in social functioning, as well as the effect of phase of the disorder (e.g. first episode or chronic disorder), effect of the untreated psychosis period (DUP) and the duration of observed effects.

CONCLUSION

Notwithstanding the limitations of this preliminary study, it can be concluded that the assessment of social functioning of patients involved in psychodynamic group psychotherapy gave encouraging results. It is necessary to conduct further research to ascertain whether the psychodynamic approach to group psychotherapy truly creates the conditions for psychological change which is reflected in the social sphere by improved functioning.

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Correspondence:

Branka Restek-Petrović, MD, PhD
Psychiatric Hospital ''Sveti Ivan''
Jankomir 11, 10 000 Zagreb, Croatia
E-mail: branka.restek-petrovic@pbsvi.hr