

## PSYCHODYNAMIC GROUP PSYCHOTHERAPY IN THE EARLY INTERVENTION PROGRAM FOR PATIENTS WITH PSYCHOSIS (RIPEPP)

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### SUMMARY

Psychiatric Hospital "Sveti Ivan" in Zagreb, Croatia, offers an outpatient Early intervention programme for patients with psychotic disorders (RIPEPP), consisting of psychoeducational workshops and group psychodynamic psychotherapy. Psychodynamic group psychotherapy presents a unique conceptual format not offered by other types of psychotherapy, and it is especially useful for population of patients with psychotic disorders. During group work, gradual establishment of communication and interactions, and creating a network of relations through experiences of corrective emotional symbiosis, affect the constellation of internal objects and relationships between members, and their restructuring. The function of group psychotherapy is not only to offer relief, support, and elements of education, but also to enable internal changes. Therapeutic factors contributing to the improvement of people with schizophrenia include supportive aspects such as universality, acceptance, cohesion, hope and altruism.

This paper contains vignettes from inpatient and outpatient group dynamics.

**Key words:** early intervention - group psychotherapy - psychosis

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### INTRODUCTION

Psychodynamic group psychotherapy and its specificities, such as its realistic and democratic setting, presents a unique conceptual format not offered by other types of psychotherapy, and it is especially useful for the population of patients with psychotic disorders (Gonzales de Chavez 2009). Patient in the group has the opportunity in the here-and-now situation to meet and share therapeutic space with other patients, to establish communications with them under stable and nurturing conditions, and to share experiences and learn from them (Restek-Petrović 2014, 2017).

Group psychodynamic psychotherapy of patients with psychotic disorders actualizes the dynamics of object relations in a 'here and now' situation, and makes it visible and accessible. This means that the gradual establishment of communication and interactions and creating a network of relations, through experiences of corrective emotional symbiosis, can affect the constellation of internal objects and relationships between them and their restructuring (Urlić 2012, Štrkalj Ivezic & Urlić 2015). By establishing a group matrix in a long-lasting group process, primitive object relations and primitive defence mechanisms become actualised and accessible to analysis and scrutiny, while the corrective emotional experience of good symbiosis in the group opens the way to more mature and stable interpersonal relations (Urlić et al. 2009, Urlić 2010, Štrkalj Ivezic & Urlić 2015). Group-as-a-whole can act as a "good mother", a person who cares and helps group members to integrate their split parts of the self (Roberts & Pines

1992). The group helps members understand how long lasting inner conflicts and non adapted behaviour affect their lives, in order to reduce the difficulties and improve the functioning of the ego.

Specific therapeutic group factors such as cohesion and mirroring can also positively affect personality structure stabilisation by creating opportunities for corrective symbiotic experiences and forming a more stable self which could in turn contribute to lowering the risk of psychotic episode relapse. Therapeutic factors contributing to the improvement of people with schizophrenia include supportive aspects such as universality, acceptance, cohesion, hope and altruism (Yalom 2005, Gonzales de Chavez 2009). Cohesion ensures a sense of wholeness, unity, positive group climate and therapeutic alliance, and it may well be an important factor contributing to creating opportunities for corrective symbiotic experience (Urlić 1999a, 1999b, 2012, Restek-Petrović 2017) which is of great importance for a number of people with psychotic disorder. The group also helps reducing anxiety by therapeutic factor of universality when patients in the group realise that they have experiences similar to others. The group experience encourages people to stay in therapy and take an active role in fighting demoralisation, self-stigmatisation, social exclusion and low self-esteem. The group has an empowering effect for its members through creating capacity for recognising their own feelings and helping others which in turn increases sense of self-worth and gains acceptance and respect from others. Therapeutic group needs to be a place that allows safe containing of different contents, including projections of incomprehensible psychotic experiences.

There is scarce experience in application of psychodynamic group psychotherapy in the early intervention programs in the world. Group therapeutic format is frequently used, but mainly in the more structured form (CBT, psychoeducational or supportive groups) with time-limited frame (Addington & Addington 2006, Woodhead 2008, Restek-Petrović et al. 2015).

## EARLY INTERVENTION PROGRAM FOR PATIENTS WITH PSYCHOTIC DISORDERS (RIPEPP)

The Early Intervention Program for patients with psychotic disorders (RIPEPP) has existed at “Sveti Ivan” Psychiatric Hospital in Zagreb since 2005. It was designed and financed with hospital resources, and is based on the psychodynamic theoretical framework of understanding psychotic disorders, years of experience in the application of modified group analysis in treating psychotic disorders and the international experience in the application of group techniques in early intervention programs.

The program includes patients in early phases of psychotic disorders treated both at the hospital and in outpatient treatment, which are within the “critical period” of five years from the first appearance of psychotic symptoms. The RIPEPP program is intended for patients with acute psychotic disorder, schizophrenia, schizoaffective disorder, delusional disorder, or bipolar affective disorder with psychosis, and it includes both patients and their family members. The goal of the program is complete clinical and social recovery of the patient through the attainment of insight into the disorder and the acceptance of treatment, as well as the prevention of relapses (Restek-Petrović 2012, 2017).

The RIPEPP program encompasses several therapeutic activities:

- **Psychoeducation** - carried out in a series of 15 interactive workshops led by psychiatrists, cognitive-behavioural therapists, with the cooperation of psychiatrists who are group analysts. The 60-minute workshops are intended for patients and their family members and are held every two weeks as a large open, task-oriented group. The workshop topics vary and cover a wide spectrum of information on the disease symptoms, their aggravation, ways of monitoring, pharmacotherapy, relapse prevention etc. (Molnar et al. 2009).
- **Psychodynamic group psychotherapy** – intended for patients, these 60-minute sessions are held once a week, under the therapeutic guidance of a psychiatrist group analyst and a psychiatry resident.
- **Psychodynamic group psychotherapy for family members** – intended for family members of patients included in the RIPEPP program that are motivated for psychological work and the correction of maladaptive forms of family interactions. The 90-minute sessions are held every two weeks under the guidance of a psychiatrist – group analyst.

## GROUP PSYCHOTHERAPY IN RIPEPP PROGRAM

The therapeutic team of group analysts in the RIPEPP program generally accept that group psychotherapy combined with antipsychotics is an effective method of treating psychotic disorders (Kanas 1996, Gonzales de Chavez 2009).

Group analysts in our therapeutic team accept the conceptual position that psychotic disorders are a continuum of mental disorders, among which the psychoses are the most severe (Schermer & Pines 1999, Urlić 1999a, 1999b, Štrkalj Ivezić & Restek-Petrović 2012), and they are optimistically oriented towards the possibility of attainment of higher levels of object relations, inter-subjectivity, and empathy. The function of group psychotherapy is not only to offer relief, support, and elements of education, but also to enable internal changes. Patient groups are not designed to be solely places for “adaptation training” – for the construction of a more functional and adaptable false self (Schermer & Pines 1999, Winnicott 1965) that is better suited to community norms – but also a place where the psychotic experience is transformed, where early traumatic experiences and primitive fantasies are discovered and analysed, and where psychological defence mechanisms are developed, leading to integral clinical and social recovery (Restek-Petrović 2008).

Group psychotherapy in RIPEPP program for majority of patients is applied in two settings and according to the level of therapeutic intervention in two stages:

**1. Inpatient group psychotherapy** – an atmosphere of safety, support and empathic acceptance is created within which the psychotherapy process begins (Mayer et al. 2017). Work is performed on initial insight into the nature of the disorder, as well as into triggers that led to mental decompensation. A therapeutic alliance is forged with patients and their families, and patients are motivated to join the long-term, outpatient part of the RIPEPP program. The level of therapeutic interventions is supportive, aimed at cohesion building, mutual support and understanding.

### Vignette 1

Tom is a painter and suffers from schizophrenia. He is being hospitalised on the psychotherapeutic unit for the second time. During his stay on the acute unit he was often floridly psychotic, delusional and sometimes aggressive. On the psychotherapeutic unit he is being calm, but very withdrawn, autistic and distrustful. He often sits in front of the examination room observing the staff. After a couple of weeks he approaches a young nurse saying that he finds the staff here well-meaning and not provocative and threatening as he saw them earlier.

During the large group after the weekend the conversation is as usual about how they spent their weekends. It is superficial with lots of advices about

sport, nutrition and hobbies being good for the well-being. Short silences are common. The therapist confronts the group with the way of communication and wonders how they feel here and now. Young patient Iva, admitted several days earlier, says she feels tense. Asked about the thoughts that go with this feeling, she tells how she refused to go to her neighbour's wedding a couple of days earlier because she was part of the group that bullied her at school. She believes they bullied her because both her parents were mentally ill and they all knew it and made fun of her. Other patients also start sharing memories of being bullied at school and some of being abused by their parents. Tom is being silent with his eyes closed and he looks as if he was asleep.

In the small group the next day the topic is continued. Zorana tells Iva how difficult it was for her to hear her experience. Ana, a very silent patient, joins and talks for the first time about the everyday abuse in her family by mother's partner and lately also by mother's brother who returned from prison. She has never spoken about it but now she feels safe enough to talk about it. Other group members are supportive and advise her to complete her education and move out. At the end of the group Tom suddenly asks the group how they see him. He continues by saying he doesn't know any more what he means to his parents, especially to his father with whom he is in constant conflict and who controls his every step until he, Tom, reacts violently and things happen. The group replies that they see him as a good guy and a good painter, but that he is too withdrawn and they invite him to socialise with them more. They also suggest trimming his long beard and he accepts it.

A paranoid schizophrenic patient reacts positively to a supportive and containing global environment of the whole unit and after experiencing cohesion and safety starts slowly verbalising family dynamics in the group setting and begins a process of socialisation. The experiences of safety, group cohesion and support often stimulate motivation for continuing outpatient group psychotherapy.

**2. Outpatient group psychotherapy.** Perspective of a long-term group process offers the ability to work on self-consolidation and defence mechanisms, developing object relations, and improving socialisation. After the analysis of the traumatic experience of their hospitalisation and their psychotic episode, and after establishing some insight towards their disorder, patients with lower capacities and motivation leave the group, while some patients remain in treatment for years with demanding therapeutic goals.

### Vignette 2

A young patient with schizophrenia Ivan is a student and after being treated on the psychotherapeutic unit he's been included in outpatient group psychotherapy. He is very autistic and obsessive and for a long time has difficulties engaging in communication. He sits with his head bent and barely answers direct questions. He is separated from his parents with whom he has very poor

relationship and used to live in a foster family for a while. The whole group is regressive and functions with therapist's great activity and support (Restek-Petrović et al. 2014b, 2014c, Grah et al. 2017). Slowly the cohesion is established and the communication improves. They start going for a coffee after the group and sharing their experiences spontaneously. Ivan starts communicating more spontaneously and he shows more interest for other group members. He supports them and sometimes even advises. He takes over a roll of an older brother and is well accepted. He finds employment, often working way below his level of education, but he is persistent. With his therapist's and group support he moves to his hometown and after completing his studies he gets employment according to his level of education. He gets married and has two children. He lives in full remission and is fully socialised and after ten years he leaves the group. The group feels a loss because he was a valuable group member and a good identification model.

In the early phases of the group process the patient uses supportive elements and therapeutic factors such as universality and cohesion to consolidate his sense of self, to establish a therapeutic alliance, stabilise the illness and to improve the communication skills. With further group work during ten years he achieves better object relations, higher degree of separation and individuation which enables creation of a close relationship, fatherhood and a long term intimate heterosexual relationship (Restek-Petrović et al. 2014d).

## DISCUSSION

Group psychotherapy is a widely accepted, successful and applied method for both inpatient (Kosters et al. 2006) and outpatient (Burlingame et al. 2004) treatment. However, it is relatively rarely used for the treatment of psychotic disorders. The RIPEPP programme is designed on psychodynamic understanding of psychotic disorders and the group psychotherapy is one of its components. Therapeutic factors in group psychotherapy bring about the change of symptoms and behaviours as well as the personality changes. According to Yalom therapeutic factors are installing hope, universality, acquiring information, corrective recapitulation of primary family group, imitating behaviour, interpersonal learning, insight, catharsis, existential factors, altruism and group cohesion, and their importance changes throughout the group process (Yalom 2005). In the beginning of work with psychotic patients more supportive therapeutic factors are used. As seen in the Vignette 1, supportive and containing global environment of the whole unit ensures the development of a safe environment with progressive evolution of cohesion. In such an environment patients express their inner states and verbalise family dynamics with trust. Positive experiences in a ward group with feelings of safety, group cohesion and support motivate patients to continue this type of treatment after being discharged. Therefore, within the

RIPEPP programme they can engage in long-term psychodynamic group psychotherapies along with the standard treatment algorithm. With time, the interpersonal learning and universality are developed in a group. The development of the group cohesion builds up the conditions for acquiring insight and finally for the corrective recapitalisation of primary family group. As shown in the Vignette 2, after a long period of therapy of ten and more years, patients with psychosis reach changes in object relations. They are capable of achieving higher degree of separation and individuation and therefore form more mature and fulfilling relationships.

## CONCLUSION

Psychodynamic group psychotherapy can be used as a treatment of choice for patients with psychosis in inpatient and outpatient settings, who are expected to improve the ego functioning, particularly reality testing, interpersonal and social functioning, gain useful insights about the illness, cope with symptoms of the illness and understand the meaning of psychotic experience while working in groups. Depending on the selection of patients, objectives and duration of the group, or a phase of psychotic disorder a group with more supportive purposes or a group in which it is possible to work on the analytical level may be recommended.

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Branka Restek-Petrović: concept and composition of paper, theoretical explanations, literature choice;  
Nina Mayer: choice of group psychotherapy vignettes, corrections of paper;  
Majda Grah: literature searches and analysis, corrections of paper.

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