

A PSYCHOTIC PATIENT'S RELAPSE DURING GROUP PSYCHOTHERAPY TREATMENT (Case study)

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SUMMARY

The paper presents the course of the seventh relapse of a 25 years old female patient, further-on referred to as 'I. O.' The impact on the therapeutic group of which 'IO' was a part is described.

Key words: psychotic relapse - psychotherapeutic group - psychosis

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Aim

The paper presents the course of the seventh relapse of a 25 years old female patient, further-on referred to as 'I. O.'.

Method

Case Study.

Results and discussion

I. O. has been diagnosed with acute polymorphic psychotic disorder and has been a member of our extra-hospital psychotherapy group for patients with psychosis. The first signs of relapse were noted at the end of 2007. In February 2008 she was admitted to the acute ward of the Ljubljana Psychiatric Hospital and has therefore missed 17 group sessions. Her absence and the course of her relapse have strongly influenced the group dynamics.

I. O. is a very popular member of the group. She is prepared to disclose many things about herself and at the same time takes care of the group atmosphere, especially when she senses some tension or that another group member is in distress. Her behaviour is straightforward and open. She brings special humour to the group. As a matter of fact, she is like a group's likeable child.

I. O.'s behaviour and frankness is supported by both therapists (symbolic parents). In a way, we are caught in the counter-transference feelings of ideal parents that can be trusted and with whom she can feel safe; so safe, that she can discuss the most intimate psychotic issues.

Patient's History/Anamnesis

I. O. is a student of (she wants to become a librarian). She currently lives with her parents and 2 older sisters.

- The mother (57 years old) – a very busy physiotherapist and economist, gave birth to I. O. when she was 32. She herself suffered from a psychotic episode (our patient being 5 at the time), which has not repeated. She claims her mother is of quick temper.
- The father (61 years old) – a machinist, is employed in a larger factory. I. O. says he was absent most of the time. When going shopping with him, she recalls being allowed to buy whatever she wanted. She says arguments are common between the parents.
- The two sisters (26 & 28 years old) – are students, completing their studies. She does not get along well with her eldest sister (who has received treatments for autism), and who calls I. O. a "psycho".

I. O. says she was a wanted child, who was "cuddled" a lot. She has always been very active and has cared for others (the two sisters, the father, even the mother when she was not feeling well). This behaviour pattern is, in a way, repeating itself within the group.

While in school, I. O. visited a lot of additional activities (including sports and arts-related ones). She practiced ballet for 5 years.

She was attending a high school for economics when she first suffered from psychosis at age 17. Later in therapy, she told the group that she had

This case report is an update of a case report first presented at an ISPS Slovenia meeting, Bled, September 2006.

been raped in her 15th year, excluding details of the matter. Before her 1st hospitalisation, she fell in love with a professor. Her grandmother, with whom she had a close relationship, died at that time. She is an atheist.

She expects the group sessions to prevent another hospitalization and to calm the atmosphere at home.

Course of illness

Through all 7 relapses of the illness, similar symptoms constantly appear – persecutory delusions and delusions of reference, auditory hallucinations, derealisation and depersonalisation phenomena; and marked fear are all present.

A Psychologist reported; pathological thinking, inadequate emotions, and dissociated thoughts. Between the 4th and 5th hospitalisation, she started her studies in autumn 2005; During her 5th hospitalisation she becomes promiscuous and disorganized; she become depressed during her 6th hospitalization. She has been treated with Zyprexa and Zeldox among other medication at that time.

Before entering the group she has poor insight, she was auto and hetero aggressive, she had lost a lot of weight and was socially withdrawn. Fear was most prominent. The ward psychiatrist described a provoking family situation that influenced the patient a lot. The parents were advised to get some counselling.

The same symptoms were present during the 7th hospitalization, with poor insight and aggressive behaviour. Clozapine was added to her medication and helped control the symptoms.

I.O. in the group

The 25 years old patient I.O. has been hospitalized six times between the years 2000 and 2006. In October 2006 she entered a group of patients with psychosis led by a cotherapeutic pair. The group started working in September 2006 with 6 members, 3 members left the group for various reasons, two new members were included. In June 2008 the group had 5 members, two men and three women. Two new members are planned to be included in autumn 2008.

I.O. is often late to the group. After being challenged she says that this is her way of functioning and rebelling against authority. She is optimistic towards other group members. She likes to help in tense situations, she is supportive to others. This is particularly noticeable when new members are included. She even expresses care for

the therapist when she is having a cold. She likes talking about her psychosis and the ways to fight it, because she feels experienced about this. She says that she does not want to accept her psychosis, so she has developed special defence mechanisms in order to overcome different phenomena, even physical ones, when they appear. She likes to tell the group that at home things are not in the best of order. She is hurt and disappointed about her parents' conflicts.

She has a very nice way with the quiet group members, she makes them talk or even laugh a bit...she has a profound feeling for others. When a male member of the group decided to leave the group, she understood him and even offered him the possibility to return to the group (taking the therapist's role).

How others relate to I.O.

I.O. is an extremely popular member. She is the most open about herself but she also cares for other members if they are distressed or feeling worse. She is direct and open. She brings a certain humour to the group, actually she is like a likable child of the group.

The conductor's countertransference

Both therapists (the symbolic group parents) support I.O.'s behaviour and her frankness. They are trapped in the countertransference feelings of ideal parents who can be trusted and felt safe with so deeply that she can talk openly even about her deepest psychotic experiences.

Acute psychotic relapse

I.O. has had an acute psychotic relapse and has been admitted to the acute ward in February 2008. She has been transferred to three different secure wards due to severe psychosis and was eventually admitted to day care. She has returned to the group in June 2008.

She had difficulties continuing her studies and talked about this in the group. She tells the group that she cannot sleep and sometimes calls her father to help her. She became more and more socially withdrawn, so that the group is her only social interaction. She received a formal letter from her psychiatrist to excuse her when she is unable to attend the lectures.

I.O. initiated the theme of stigma because of psychosis and shared her story about her schoolmates. She talked about her psychological and physical pain that is moving all around her

body. She asks the group and almost pleads for help, how to control her psychosis so that she would never have to return to hospital. She has developed special breathing techniques to help herself. She gets increased doses of medication and falls asleep during a group session. She gradually starts talking about the content of her psychosis – her hallucinations, and delusions that she tries to keep away. She gets a strange hair cut. On the last sessions she talks about quantum physics and parallel worlds in which she tries to survive.

The group content and the other group members' functioning

Since the 43th group session I.O. has been absent many times, but always announces her absence in advance. She usually calls one of the group members to inform him about her absence.

44th session: she comes early and wants to hide in the group room, but it is locked. It is difficult for her to wait. Other group members are worried. They talk about their own relapses and where they feel safe. I.O. says that she would like to be the way she used to be and that she would like to be able to take better care of others than of herself.

The group talks about how and when they joined the group and whom to trust at home. I.O. says she has not told her schoolmates and neighbours about her illness but they have found out and they act differently now.

There is a lot of talk about parents and the relationships with them, also disappointments, about their psychological difficulties. It was an appeal to the conductors to do something for I.O. and a disappointment with their (the other group members) helplessness at the same time. Other members of the group feel worse as well at that time. A fear of relapse and rehospitalization is present in the group.

On the 50th session I.O. tells about her nightmares. She brings the group members some handmade handbags that she has made herself. The themes of independence, loneliness and trust appear.

54th session: I.O. tells the group that she has had suicidal thoughts at the age of 4 for the first time. She continues about the parallel worlds that

she experiences and the voices that she hears. She explains her quantum physics theory and concludes that rationalism helps her fight. The others tell her that they don't understand her and that they are afraid that they would feel something similar themselves again.

I.O. is absent without an explanation for the next two sessions. The rest of the group talk about their feelings in and after the last group.

Before the 58th group session the group was informed that I.O. has been admitted to the acute ward

The members of the group feel guilty (as also did the conductors) not to have been able to help and prevent the relapse. They talk about whom to trust their feelings to, whom to let come close, how they feel in the group and whether they should stay on medication for the rest of their lives.

Some members of the group visit I.O. from time to time and tell the others about it. They wonder why they could not have helped her. They remember their own acute phases of the illness. They talk about suicide attempts and inappropriate reactions from other people, about their secrets from those times (for instance marijuana smoking). They tell more about their family relations.

In the beginning of June I.O. comes back to the group. This is a relief for the whole group. She feels better, calmer, more realistic and has insight into her condition and the relapse. She also says that the situation at home is better. She will retire for two years as her psychiatrist suggested. She will work part time in the library for patients and in the city library. She is not thinking of continuing her studies at the moment.

Conclusion

I.O. and the rest of the group members including the conductors have been through a difficult period caused by a member's acute psychotic relapse. It has been a valuable experience for our future work.

By presenting this case in the group we would like to encourage the discussion of possible interventions during acute relapses of patients in group therapy and sharing of similar experiences.

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