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Group Psychotherapy with Inpatient Chronic Schizophrenics

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Abstract. This article evaluates communication–oriented group psychotherapy with inpatient chronic schizophrenics. Fifteen such patients participated in a group which met in Ezrath Nashim hospital every morning for three years. Outcome was measured on five variables: verbality, contact with staff, interaction with other patients, participation in ward activities and outer appearance. Results indicate that 'high-level' patients increased their level of communication, while 'low-level' patients needed specific techniques which are more suitable to their functioning. Overall, this experience showed that long-term group psychotherapy, when conducted in conjunction with individual and pharmacological therapies, can be an effective modality for treating chronic schizophrenic patients.

Chronic schizophrenic patients make up about two thirds of the hospitalized psychiatric population in Israel and present an enormous and unlimited challenge for mental health professionals. The frustrating task of rehabilitating these patients is aggravated by the extraordinary difficulty in establishing and maintaining social relationships. To improve these patients' social adjustment, group psychotherapy is introduced in many hospitals as an addition to other treatment approaches (1). One common question asked in connection with such psycho-social treatments is whether the effort is really worthwhile. The purpose of the present paper is to try to answer this question by evaluating a psychotherapy group with inpatient chronic schizophrenics in Ezrath Nashim psychiatric hospital.

Reviews of the literature (2-6) lend mixed support for the use of group psychotherapy with schizophrenic patients. These works do not give clear

endorsement for the use of group psychotherapy as an independent treatment modality. They suggest, however, that group psychotherapy can be valuable in assisting patients to achieve a more successful global treatment outcome in combination with other psycho-social and pharmacological treatments. In their discussion of empirical outcome research of group psychotherapy, Mosher and Keith (7) observed that much of the negative treatment outcome was due to the use of irrelevant outcome measures, insufficient duration of treatment, and incorrect treatment techniques. Following their suggestions, the present study attempts to measure interpersonal and social variables after long-term exposure to supportive, communication-oriented group psychotherapy.

Our basic hypothesis was that communication-oriented group psychotherapy, provided for at least three years, would increase the level of communication and the interpersonal adjustment of schizophrenic patients.

Methods

Subjects. The original group consisted of twelve patients from two wards at the hospital. One patient left the hospital at the beginning and four patients were introduced to the group at a later stage. This left the present study with 15 subjects, 10 men and five women. As can be seen in Table 1, the group as a whole was heterogeneous in terms of age, years in hospital, verbality, and ability to participate.

On admission to the group, the patients were diagnosed as fulfilling Spitzer, et al's (8) research diagnostic criteria for chronic schizophrenia. These patients were among the most regressed on the wards, having been hospitalized for an average of 15 years (range 5–34). Further diagnostic categorization differentiated the patients into seven paranoid, five undifferentiated, two residual, and one catatonic schizophrenic. While most of them had some minimal ability for verbal communication (e.g. they answered when spoken to), others were unable to give even a small, coherent verbal response. Their everyday participation in the group was uneven; nine patients participated almost every day ('full') and four patients participated not more than once a week ('partial'). Two patients dropped out of the group during the first year and two patients (who had participated fully) were discharged from the hospital during the third year.

Treatment Procedure. The group met every week-day morning for half an hour in a suitable room with the patients seated in a circle. The group was led by one to three therapists (psychiatric social workers, psychologists, psychiatrists) who rotated leadership between them. At the end of each session a soft drink was provided and attendance was recorded by the patients themselves. Between three and nine patients participated in each session. All used maintenance drug treatment and many got simultaneous individual psychotherapy. The duration of the group (still ongoing at the time of this writing) was three years with a total of about 360 sessions.

The following goals seemed appropriate for these patients: to encourage interpersonal communication through identification with the problems of other patients, to give support through positive feedback and reassurance, to improve outer appearance through interpersonal feedback, and to increase patient activity through structured planning. When patients had difficulty remaining seated in the group they were encouraged to remain in the room or to return at a later stage. Thus, slowly, fuller participation was achieved.

Measure of Outcome. Outcome was measured with a rating scale specially constructed for this study, in which the change of each patient was assessed on the following five variables: 1) verbality, 2) contact with staff, 3) interaction with other patients, 4) participation in ward activities, 5) outer appearance. Degree of change was estimated on a scale from 1 to 10, 1 being negative, 10 being positive and 5.5 referring to no change.

Two raters (charge nurse and chief psychiatrist) were asked if they had observed any change in the patients on these variables during the last three years. The raters were chosen because they had not participated in the group themselves and because they had known the patients during the entire duration of the study.

Results

Table 1 presents improvement ratings for all subjects (the mean of the five variables was taken as the subjects' total score of change). Interrater reliability was satisfactory with a Spearman Rank-Order Correlation Coefficient of .51 (Pearson Product-Moment Correlation Coefficient: .71 which is significant at the .01 level).

If an average score of at least 6.0 is taken as a sign of improvement, less than 50% of the subjects showed any remarkable positive outcome. However, careful analysis of these results suggest some interesting correlations. The common factors characterizing improved subjects were:

1. length of time in the group; 80% participated more than two years,
2. verbality, 100% of the improved were verbal, and
3. full participation, none of the improved were dropouts or participated partially.

These results indicate that patient selection for this kind of group therapy should take into account not only diagnoses (e.g. schizophrenia), but also factors such as verbality and ability to participate. In retrospect, the therapist felt that two groups with different levels of functioning should have been created from this patient population.

Thus, while there seems to be no correlation between type of schizophrenia and improvement, or between years in hospital and improvement, the correlation between years in the group and improvement is positive with a Spearman Rank-Order Correlation Coefficient of .55 which is significant at the .03 level.

These results support our hypothesis only after modification: 'high-level' schizophrenic inpatients increase their level of communication as a result of long-term group psychotherapy. However, it is clear that many patients cannot use such a group effectively. Many of these 'low-level' patients drop out from the group at an early stage or participate only partially. As suggested by Betcher,

TABLE 1. *Improvement ratings*

Sex	Age	Type of Schizophrenia	Years in Hospital	Years in Group	Verbality	Participation	RATINGS 1	2	Mean
M	52	paranoid	34	3+	yes	full	8.2	6.7	7.45
F	55	catatonic	24	1–	no	partial	5.6	5.5	5.55
F	44	paranoid	24	1–	yes	drop out	5.9	5.5	5.70
M	39	paranoid	21	3+	yes	full	6.7	6.9	6.80
M	40	paranoid	21	1 (new)	yes	full	6.8	6.3	6.55
F	35	undiff.	16	2+ (new)	yes	full	6.7	6.5	6.60
F	34	paranoid	12	2	yes	partial	5.5	5.5	5.50
M	36	paranoid	12	3+	yes	full	7.0	6.9	6.95
M	30	undiff.	12	3 (new)	yes	full	6.8	5.6	6.20
M	51	undiff.	11	1–	no	partial	6.0	5.7	5.85
M	29	paranoid	11	1–	no	partial	6.2	5.7	5.95
M	44	residual	10	1	yes	drop out	5.8	6.1	5.95
M	29	undiff.	9	3+	no	full	5.8	6.1	5.95
M	21	undiff.	55	3+	yes	full	5.4	6.0	5.70
F	21	residual	55	2 (new)	yes	full	6.4	6.6	6.50

Rice and Weir, low-level patients need specific techniques which are more suitable to their functioning. In such groups they suggest leaders to 'actively initiate structure, formulate goals, and emphasize the eventual graduation of patients to higher-level groups' (9 p 299).

Therapeutic Process

On the basis of notes written by the therapists after each group session, some distinct stages in the therapeutic process were observed. The most apparent observation was that, in comparison to the formative stages in groups with neurotic patients, a regressed inpatient group like the present one need much more time to go through the early stages in group development. In fact, what may take a few weeks in the former groups, took almost three years in the latter one. The group started out with hesitant participation, resistance, and search for meaning. Only after a long time did the group change into more activity, participation, and development of cohesion, with members referring to the group as 'our group'.

Because of the particular interpersonal orientation emphasized in this group, special attention was given to communication when analyzing the group therapeutic process. Communication was observed as developing along the following lines:

First, communication became less superficial and more meaningful as manifested in the content of group discussions.

Second, communication became more verbal, members being more able to use language and words to express themselves.

Third, communication became less therapist-centered. In the beginning, patients talked only *to* the therapist. Later, they started to talk *through* the therapist to other group members, and sometimes some patients were able to talk directly *with* other group members.

Discussion

Treatment goals and techniques with chronic schizophrenic patients are different from those used with neurotic patients. Treatment goals should be kept realistic and based on short-term achievements. The present study shows agreement with Malm's (10) conclusion that inpatient group psychotherapy improves emotional communication, free-time activity, and entries into the social field, but that it does not have any significant effect on the essential features of schizophrenia. From a technical point of view, the therapist should be active, supportive, and provide a kind of holding environment (11).

Overall, our experience indicates that long-term group psychotherapy, when conducted in conjunction with individual and pharmacological therapies, can be

an effective modality for treating 'high-level' chronic schizophrenics. Although the time and effort invested in this project were not insubstantial, we found our attempt to treating this most resistant group of psychiatric patients rewarding and worthwhile.

References

1. Dasberg H, Hoffman M, Averbuch I. Rehabilitation of long-stay psychiatric patients through restructuring of the social system of the hospital. Isr J Psychiatry Rela Sci 1982; 19: 315–28.
2. Stotsky BA, Zolik ES. Group psychotherapy with psychotics 1921-1963: a review. Int J Group Psychother 1965; 15: 321–44.
3. Bednar RL, Lawlis GF. Empirical research in group psychotherapy. In: Bergin AE, Garfield SL, eds. Handbook of psychotherapy and behavior change: an empirical analysis. New York: Wiley, 1971.
4. O'Brien CP. Group therapy for schizophrenia: a practical approach. Schizophren Bull 1975; 2: 119–29.
5. Lieberman MA. Change induction in small groups. Ann Rev Psychology 1976; 27: 217–50.
6. Parloff MB, Dies RR. Group psychotherapy outcome research 1966-1975. Int J Group Psychother 1977; 27: 281–319.
7. Mosher LR, Keith SJ. Psychosocial treatment. Schizophren Bull 1980; 6: 10–41.
8. Spitzer RL, Endicott J, Robins E. Research dingnostic criteria (RDC) for a selected group of functional disorders. 3rd ed. New York: New York State Department of Mental Hygiene, Biometric Research, 1977.
9. Betcher RW, Rice CA, Weir DM. The regressed inpatient group in a graded group treatment program. Am J Psychotherapy 1982; 36: 229–39.
10. Malm, U. The influence of group therapy on schizophrenia. Acta Psychiatr Scand 1982; 65, (suppl. 297).
11. Yalom I. Inpatient group psychotherapy. New York: Basic Books, 1983.