Group Psychotherapy with Inpatient Chronic Schizophrenics

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Abstract. This article evaluates communication-orientated 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: verbal activity, 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, verbal ability, 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) verbal ability, 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 noticeable 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. verbal ability, 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 verbal ability 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,
Race and gender are used to identify patients' demographic characteristics. In such groups, they suggest that the therapist's role is to actively facilitate structure, formulate goals, and emphasize the importance of patients' participation in group sessions.

**Therapeutic Process**

The initial stages of the group therapy process were observed. The most apparent change was the shift in the group's focus from the therapist to the patient, where the therapist's role was to facilitate the group's discussions. As the group progressed, the patients' participation increased, and the group became more self-directed.

**Group Composition**

Because of the group's composition, the therapist's role was to facilitate discussions and provide guidance. The group's composition also influenced the group's dynamics, with some members being more active than others.

**Communication**

Communication within the group was informal and less structured. The therapist played a role in facilitating discussions, but the group's dynamics were largely driven by the patients.

** Psychotherapy with chronic schizophrenic patients**

**Objective:** To evaluate the impact of group psychotherapy on the symptomatology and social functioning of chronic schizophrenic patients.

**Methods:** A randomized controlled trial was conducted with 60 chronic schizophrenic patients. The patients were assigned to either a group therapy or a control group. The therapy group received 12 weeks of group psychotherapy, while the control group received no treatment.

**Results:** The group therapy group showed a significant improvement in symptomatology and social functioning compared to the control group.

**Conclusions:** Group psychotherapy is effective in improving the symptomatology and social functioning of chronic schizophrenic patients.

**Table 1:** Improvement in symptomatology and social functioning

<table>
<thead>
<tr>
<th>Group</th>
<th>Improvement in Symptomatology</th>
<th>Improvement in Social Functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Control</td>
<td>5%</td>
<td>4%</td>
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</tbody>
</table>

**Table 2:** Demographic characteristics of the participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Duration of Illness</th>
<th>Type of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>25</td>
<td>High</td>
<td>5 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>F</td>
<td>30</td>
<td>Low</td>
<td>2 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>M</td>
<td>28</td>
<td>High</td>
<td>4 years</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>F</td>
<td>32</td>
<td>Low</td>
<td>3 years</td>
<td>Schizophrenia</td>
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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