Archives of Psychiatry and Psychotherapy
Volume 2, Issue 4, December 2000
pages 17-30

Factors influencing the evaluation of the relationship between schizophrenic patients and their therapists in two different therapeutic contexts

Andrzej Cechnicki[1], Małgorzata Chechlińska[2],
Michael Stork[3], Maria Wojnar[1]

[1] Day Clinic and Family Therapy Unit of the Day Clinic, Department of Adult Psychiatry of the Medical College Jagiellonian University in Cracow
Department Director: Prof. dr A. Szymusik
[2] Vocational Workshop Therapy Unit, University Hospital in Cracow
[3] Psychiatric Clinic, University Eppendorf, Hamburg

The aim of the present study was to research the influence of selected variables connected with the psychopathological state of the patient and with the educational background of the therapist on the patient/therapist relationship (in the therapeutic process) as well as to identify the differences in the development of this relationship in two different groups of patients. The subjects of the research were a group of patients embraced by the long-term individual programme (ltip) and a group of patients embraced by the sheltered workshops therapy (swt). All the patients were diagnosed as schizophrenics. Included in the research were also the therapists working in both settings.

Key words: therapist-patient relationship, schizophrenia, therapeutic context

The opinions of outstanding clinicists convince us about the importance of the relationship between a schizophrenic patient and his/her therapist and encourage to study this relationship [27,12,20,7,17]. All these researchers comprehensively describe the therapist's attitude, which is indispensable to establish the therapeutic contact and has a positive influence on the course of the illness. However, they do not present any specific suggestions as to the methodology of such research. Many authors think that in the research of patient/therapists relations it is difficult to avoid errors [16,15].

Van den Bos and Karon [26] found out that the situation in which therapists consciously or unconsciously use the people who are dependent from them to satisfy their own personal needs is related to the negative outcome of schizophrenia therapy. Karon created measurement instruments for this characteristic, which he called "maternal pathogenesis". Gunderson [14] created a rating scale which included ten dimensions measuring particular characteristics of therapists who worked with schizophrenic patients. The characteristics which were the best predictors of the positive outcome of the therapy amounted to the therapist's satisfaction with his/her composure in the face of strong emotions, experienced both by himself/herself and the patient. Witer-

horn and Betz [22], on the basis of the therapy outcome, divided the therapists who took care of schizophrenic patients into two groups. In group A the therapists' patients demonstrated a remarkable or very remarkable improvement, while in group B the therapists' patients showed an insignificant improvement. The therapists from group A attached more attention to the importance of a patient's symptom in the aspect of his/her biography. They were not exclusively concentrated on the reduction of schizophrenia symptoms, but they actively co-operated with the patient and, while providing support, they formulated the goals of the therapy for each individual patient. They were also more active in establishing the relationship, which was more personal as well.

Torney [22] stated that the hyperactivity of the therapist (i.e. frequent interruptions, too many questions and interpretations, an excessively domineering style) was correlated with fear and hostility of schizophrenic patients as well as with their feeling that too much was required of them. On the other hand, too much withdrawal of the therapist (i.e. low activity, little support, low empathy and understanding) caused in schizophrenic patients a reduction of verbal activity, mental disorders, hostility, and depressiveness.

The quoted studies concerned only the perspective either of the therapist or of the patient, measured one-sidedly. But because the therapeutic process is based on the relationship, which is a diadic situation, one can expect interesting results in the research which would estimate both perspectives: the patient's and therapist's. Stark [22,23,24,25] constructed a diadic test which evaluated the therapist-patient relationship. Cechnicki and Wojnar [10], following this model, in order to examine this diadic relationship, created a polish version of the questionnaire, and assessed its validity and reliability. The construction of the questionnaire which researches the relationship between a therapist and a psychotic patient and both questionnaires were presented in the above mentioned study. Stark's research [22] clearly demonstrated the correlation between the mutual perception of the patient and the therapist. When the therapist assessed himself/herself as rather rejecting, uncertain, and showing little acceptance towards the patient, and when he/she was more critical about his/her professional competence, then the patient assessed the therapist more negatively. Contrariwise, the patients consider those therapists more supportive who feel more self-assured and competent. In their subsequent research Wojnar et al. [28] observed a similar regularity. Having examined the correlations between the factors in the questionnaire for patients and for therapists, as well as the correlations between the two questionnaires, it can be surmised that both questionnaires deal with correlated factors which are situated along the acceptance-rejection continuum, and that the correlations between the questionnaire for patients and for therapists are arranged symmetrically in the domains of acceptance, professionalism and uncertainty. This means that the patient's and the therapist's evaluations of these attitudes are identical. Stark in his research observed that patients in a worse condition evaluated their therapists as more rejecting, incompetent, inscrutable and less supportive.

One can suppose that a diadic relationship is also subject to external influences (such as the type of ward or the kind of therapeutic workshops) which are conditioned by the therapeutic goals and the resulting selection of patients. Therefore this attempt

was made to evaluate the patient-therapist relationship in two outpatient wards which differ in the therapy style. It seemed important to investigate the influence of these variables which were defined as the therapeutic context.

Aim (of the research) and (research) hypotheses

This research was conducted on the mutual relationship between therapists and patients in two study groups: the sheltered workshops therapy group and the long-term individual programme group. Moreover, this relationship was researched in connection with the patient's psychopathology and with the therapist's educational background. Six research hypotheses were formulated:

1. The way in which the therapist and the patient perceive each other depends on the attitude of the other party.
2. The relation between the therapist and the schizophrenic patient depends on the therapeutic context.
3. The experience of the therapeutic relationship by the therapist is related to the patient's psychopathology as well as to the therapeutic context.
4. The experience of the therapeutic relationship by the patient is related to the patient's psychopathology as well as to the therapeutic context.

Description of groups and therapeutic context

Two groups of patients from two different therapeutic programmes were studied. Below (table 1) is presented a general description of the studied groups.

Table 1

Description of swt and ltip patients

All the swt patients were diagnosed according to ICD-10 by psychiatrists very ex-

Group I: sheltered workshops therapy	Group II: long-term individual programme
Overall number of patients: 33	Overall number of patients: 24
Men: 16 Women: 17	Men: 9 Women: 15
Age: 21-52 years	Age: 30-56 years
Duration of the illness: 3-33 years	Duration of the illness: 12-22 years
Number of hospitalisations: 0-21	Number of hospitalisations: 1-9
Therapy method: work therapy, everyday contact, "co-existence", self-reliance training and professional training.	Therapy method: regular, long-term supportive therapeutic contact (once or twice a month).

perienced in working with schizophrenics patients. They used a method of independent judges. The condition of the majority of them was good, and they did not demonstrate acute psychotic symptoms. The patients remained in constant individual care and participated in work therapy (five times a week).

The basic therapy method in the swt is occupational therapy which structures the

patient's daily schedule and its rhythm and constitutes a motivating factor which allows for the activation of this part of the patient's potential that has not been affected by the illness. Thanks to this method patients regain their sense of dignity and their purpose in living. The therapeutic relationship with these patients is chiefly based on accompanying and supporting them in their fight with the illness, on the 'co-existence' and assistance in solving everyday problems as well as on teaching them self-reliance. The strong points of this method are a good mutual contact, the patient's trust in the therapist as well as the possibility of obtaining advice and support by the patient.

The patients who participate in the long-term individual programme, when their hospitalisation is over, remain in the constant, long-term contact with one therapist. In the majority of them remission is observed, while some may periodically relapse. The researched patients remained in long therapeutic relationships (2-12 years) which were of a supportive character, aimed at the maintenance of the remission state, the individual development and assistance in the case of relapse.

Below (table 2) general information is gathered concerning the twenty therapists who remained in the therapeutic relationship with the patients in the two discussed programmes. While the gender proportions are similar in the two different therapeutic contexts, a major difference can be noticed as to the length of employment and educational background. The ltip staff are highly qualified and have a more extensive clinical experience.

Instruments and methodology

Table 2

Description of swt and ltip therapists

Group I: sheltered workshops therapy	Group II: long-term individual programme
Overall number of therapists: 10	Overall number of therapists: 10
Men: 2 Women: 8	Men: 2 Women: 8
Years of employment 3-17	Years of employment minimum 10

To test the subjective perception of relationships the diadic questionnaire on the therapist–patient relationship was used in its polish version by Cechnicki and Wojnar [10], constructed on the basis of Stark's questionnaire [22]. It consists of two separate questionnaires: for the patient and for the therapist. The factors in both questionnaires were selected through factor analysis.

I. The questionnaire for patients includes questions concerning five domains:

1. Acceptance of the therapist's personal qualities;
2. Professionalism of the therapist as defined by the patient, expressed in his/her trust in the therapist's knowledge and skills;
3. Uncertainty of the therapist as perceived by the patient;
4. Domination of the therapist experienced by the patient;
5. Rejection of the therapist by the patient.

II. The questionnaire for therapists concerns the following four areas:

1. Acceptance of the patient's personal qualities;

2. Professionalism, i.e. The therapist's sense of competence;
3. Uncertainty of the therapist, both personal and professional;
4. Rejection of the patient by the therapist.

To evaluate the acuteness of the psychopathological condition, the positive and negative syndrome scale for schizophrenia (pans) was used in the case of the swt patients, and overall and Grohamm's brief psychiatric rating scale in the ltip group. The correlations between the results of the questionnaire for patients and for therapists were investigated with the use of Pearson's correlation coefficient. To investigate the differences in the evaluation of the relationship, in reference to the therapist's educational background, Duncan's multiple interval test was used.

Research results

The results of the research were described on the basis of the analysis of the therapeutic relationship, the therapeutic context, as well as of the correlation between the therapeutic relationship, the patient's psychopathology and the therapist's educational background.

A. Therapeutic relationship and therapeutic context

Does the way in which the therapist and the patient perceive each other depend on the attitude of the other party? This part of the research is a repetition of the last year's research carried out in a different therapeutic context [28], which embraced ex-outpatients who, having left the ward, remained in intense individual contact. This time we were interested how the mutual therapist-patient relationship would depend on the therapeutic context. For that purpose the research was conducted in two various therapeutic programmes, different from the previous one.

The swt group

The correlations between the questionnaire for patients and for therapists were investigated in the swt group. In the mutual evaluation of the relationship the factors of acceptance and professionalism proved to be important.

It turned out that there exists a symmetrical correlation in the domain of acceptance in both questionnaires (table 3). The feeling of sympathy, defined by the acceptance factor, generally seems to be reciprocal.

Simultaneously, the therapist's experience of his/her professionalism is significantly related to the patient's acceptance and perception of the therapist as a professional person, which amounts to trust in his/her competence. For the therapist, the patient's high appreciation of his/her professionalism and the patient's sympathy go hand in hand with his/her own sense of professionalism and are connected with the self-evaluation of his/her own competence.

The reciprocality of the attitudes does not concern negative attitudes, e.g. There is no correlation between negative and approving attitudes.

Table 3

Correlations between the results of the questionnaire for patients

and the results of the questionnaire for therapists in the swt group
Pearson correlation coefficient * p<0.05

Patient / Therapist	1 Acceptance	2 Professionalism	3 Uncertainty	4 Domination	5 Rejection
1 Acceptance	*0.35	0.12	0.03	-0.14	-0.06
2 Professionalism	*0.36	*0.39	-0.23	-0.23	-0.33
3 Uncertainty	-0.12	-0.01	-0.06	-0.02	0.03
4 Rejection	-0.26	-0.07	0.09	0.18	0.26

The ltip group

The same correlations were investigated in the ltip group. It turned out that the ltip patients, who remain in long-term individual contact, perceive those therapists who show no sympathy towards them as domineering ones. This is the only statistically significant correlation. The therapist's dominance, as perceived by the patient, is negatively correlated with the therapist's personal acceptance of the patient. The factor of mutual acceptance did not prove to be significant. What is puzzling is the lack of mutual correlation in other attitudes, both negative and positive (see table 4).

Table 4

Correlation between the results of the questionnaire for patients and the results of the questionnaire for therapists in the ltip group
Pearson correlation coefficient * p<0.05

Patient / Therapist	1 Acceptance	2 Professionalism	3 Uncertainty	4 Domination	5 Rejection
1 Acceptance	-0.13	0.05	-0.33	*-0.41	-0.19
2 Professionalism	-0.09	0.05	-0.38	-0.38	-0.22
3 Uncertainty	0.07	0.02	0.35	0.35	0.15
4 Rejection	0.13	0.15	0.34	0.34	0.09

B. Therapeutic relationship versus psychopathology

The correlation between the therapist's attitudes and the patient's psychopathology was investigated in the swt group and the ltip group, with the differences between positive and negative symptoms taken into account.

The swt therapists

The correlations obtained with the use of Pearson's test between the results of the questionnaire for therapists and the results in the pans scale revealed a connection between the patient's psychopathology and the therapist's attitude towards him/her. It turned out that the patient's psychopathology is significantly related to all the four investigated attitudes of the therapist (see table 5), which makes the results analogous to those obtained by Stark. The intensified general psychopathology is closely connected with the therapist's lower acceptance of the patient. Moreover, in such a situation the therapists perceive themselves as less professional, uncertain and have a tendency to reject the patient. Next, more research was carried out on the correlation between the therapist's attitudes and positive and negative symptoms separately. It seems that positive symptoms are connected with the therapist's lack of acceptance, the uncertainty and the rejection of the patient, while they have no influence on the therapist's sense of professionalism. Negative symptoms then are connected with the lack of acceptance towards the patient, with the therapist's sense of incompetence and his/her sense of uncertainty in the therapy. In contrast to positive symptoms, negative symptoms are not connected with the therapist's rejection of the patient.

Table 5

Correlations between the factors of the questionnaire for therapists and the patient's psychopathology acc. To pans (swt group)

Pearson correlation coefficient * p<0.05, ** p<0,01, *** p<0,001

Psychopathology Therapists' attitudes	Pans	Positive Symptoms	Negative Symptoms
1 Acceptance	***-0.59	**-0.41	**-0.53
2 Professionalism	*0.43	-0.25	**-0.51
3 Uncertainty	**0.49	*0.43	*0.34
4 Rejection	*0.35	*0.35	0.32

The swt patients

Similarly as with the swt therapists, the correlation between the swt patients' attitudes and their psychopathology was researched. In this group the patient's psychopathology was in no way related to his/her perception of the therapist (see table 6).

Table 6

Correlations between the factors of the questionnaire for patients

and the patient's psychopathology acc. To pans (swt group)

The ltip therapists

Psychopathology Therapists' attitudes	Pans	Positive Symptoms	Negative Symptoms
1 Acceptance	-0.20	-0.21	-0.16
2 Professionalism	0.19	0.22	-0.01
3 Uncertainty	-0.12	-0.03	-0.01
4 Domination	0.09	0.06	0.22
5 Rejection	-0.19	-0.10	-0.01

The correlations between the factors of the questionnaire for therapists and the patient's psychopathology (according to BPRS) in the ltip group were investigated.

There exists a correlation between the ltip patient's psychopathology and the therapist's attitude only in the domain of acceptance (see table 7). The higher the patient's general psychopathological level, the less he/she is accepted by the therapist. This correlation is statistically very significant and refers chiefly to negative symptoms.

Factors other than acceptance are not significantly correlated with the patient's psychopathology.

Table 7

Correlations between the factors of the questionnaire for therapists and the patient's psychopathology acc. To BPRS (ltip group)

Pearson correlation coefficient * p<0.05, *** p<0,001

Psychopathology Therapists' attitudes	BPRS General condition	Positive Symptoms	Negative Symptoms
1 Acceptance	***-0.60	-0.24	*-0.42
2 Professionalism	-0.26	0.02	-0.14
3 Uncertainty	0.28	-0.05	0.11
4 Rejection	0.24	-0.17	0.07

The ltip patients

The correlations between the factors of the questionnaire for patients and the patient's psychopathology (according to BPRS) in the ltip group were investigated. As compared with the swt patients, the worse condition of the ltip patients affects the evaluation of the relationship. In particular the therapist's professionalism is more negatively evaluated and the acceptance towards the therapist is lowered while he/she is perceived as domineering (see table 8).

Table 8

Correlations between the factors of the questionnaire for patients and the patient's condition acc. To BPRS (ltip group)

Therapeutic relationship versus educational background

Psychopathology Therapists' attitudes	BPRS General condition	Positive Symptoms	Negative Symptoms
1 Acceptance	-0.37	-0.11	*-0.48
2 Professionalism	*-0.38	-0.08	**-0.54
3 Uncertainty	0.38	0.04	0.16
4 Domination	*0.45	0.07	0.35
5 Rejection	0.18	0.04	0.02

Pearson correlation coefficient * p<0.05, ** p<0,01

This research was carried out only among the swt therapists because the ltip therapists constituted a homogeneous group in respect of educational background. On the contrary, the swt therapists could be divided into three professional categories: occupational therapists, psychiatric nurses and staff with higher psychiatric or psychological education. The correlations between the attitudes and the educational background were sought with the use of Duncan's multiple interval test. The results were compared independently for each factor. Significant differences were observed in the therapists' group only in the professionalism and uncertainty factors. It turned out that the three different professional groups providing therapy within the swt programme displayed significant divergences, the level of significance being 0.01 in the professionalism factor. The most assured of their professionalism felt the occupational therapists with no psychological education (see table 9).

Table 9

The factor of professionalism versus the results of the questionnaire for therapists

(swt group, therapists of different educational backgrounds)
Level of statistic significance $p<0.01$

Education	Size of the group	Average results	Standard deviation
Occupational therapists	3	20.66	1.15
Psychiatric nurse	9	18.11	3.55
Psychiatric and psychological Education	21	16.04	2.87

It was also pointed out that these categories of therapists significantly differ (the level of significance being 0.01) as to the factor of uncertainty. The least uncertain are the psychiatric nurses, whose employment period is the longest one in comparison with that of other swt employees: the nurses have worked at the ward since its establishment.

Table 10

The factor of uncertainty versus the results of the questionnaire for therapists (swt group, therapists of different educational backgrounds)
Level of statistic significance $p< 0,01$

Education	Size of the group	Average results	Standard deviation
Non-psychiatric	3	16.00	1.73
Psychiatric nurse	9	14.22	3.34
Psychological and psychiatric education	21	17.56	2.29

The significance of the differences in the patients' attitudes towards their therapists was examined in relation to the therapists' educational background. It appears that for the swt patients the factor of the therapists' educational background is in no way connected with the evaluation of the therapeutic relationship.

Discussion

The factor that bears the greatest importance in the therapeutic relationship is personal acceptance. This characteristic is pointed to as a significant one in most bibliographical items referring to research on psychotherapy. The present study can contribute to the demonstration of how relationship-based this phenomenon is.

The importance of the acceptance factor was displayed particularly in the swt group. It seems that there exists a symmetrical correlation in acceptance. The therapist likes the patient depending on whether he/she is liked by the patient, approved of as a person, shown sympathy. Similarly with the patient, the more he/she is liked by the therapist, the more he/she requites the feeling.

At the same time the therapists' sense of professionalism is significantly linked with the patients' acceptance and perception of them as professionals, which amounts to trust

in their competence. For the therapists, the patients' high appreciation of their professionalism and the patients' sympathy go hand in hand with their own sense of professionalism and are connected with the self-evaluation of their own competence.

The reciprocality of the attitudes does not refer to negative attitudes, e.g. There is no correlation between negative and approving attitudes. It may happen that the patient likes the therapist even when perceiving him/her as domineering or even when rejected by the therapist.

In the long-term individual programme, where the therapist-patient relationship is a long-term one, attitudes are perhaps less emotionally loaded, while the problem of dominance comes to the fore. The sense of being dominated by the therapist may be the cause of dependence, and it binds the patient in the relationship. The maintenance of such a relationship entails the subordination of the patient, which in turn hinders the separation process, so crucial in the therapy of schizophrenia.

On the basis of our subsequent research it may be surmised that the patient's psychopathology has a considerable impact on the therapist's attitudes. For the therapist, the relationship with the patient in a worse condition is a more difficult one, especially when negative symptoms are intensified. However, one can easily notice the differences in the two different therapeutic contexts, which are conditioned by their special character. It appears that the impact of the patient's psychopathology is much stronger in the swt group. This can be explained by the kind of relationship which relies on everyday, several hours long contact with a psychotic patient, analogous as in parental relationships. This makes the therapists more sensitive to the patients' psychopathological condition, more tense and tired than in the circumstances of structured and less frequent therapeutic meetings in the long-term individual programme.

In the case of the swt patients such results are not observed: in the circumstances of frequent, close contacts their psychopathology has no influence on their perception of the therapist. This may be connected with the fact that the swt therapeutic relationship relies less on treatment, and more on accompanying the patient, who regards the ward rather as a 'workplace' than a 'hospital'. The close ties and the familiarity help to preserve the patients' sense of self-fulfilment, even when the symptoms of the illness are intensified.

On the other hand, the patients who remain in long-term, outpatient therapeutic relation evaluate their relationship with the therapist in connection with their psychopathology. Because of their more serious condition, they perceive their therapists as less professional, domineering and their acceptance of them is lower. The kind of therapeutic contact which is typical of this group of patients may contribute to the fact that the patient, when evaluating his attitude towards the therapist, attaches more attention to his/her own condition and well-being and makes the therapist responsible for them.

Of special interest are the results concerning the impact of the therapists' educational background on the evaluation of the therapeutic relationship as they manifest the importance of the therapeutic context. In the swt programme the most professionally assured are the occupational therapists, because their skills are excellently suited to the task of the rehabilitation programme. For the patients then the educational background

factor plays no role since they are probably more interested in the kind of contact, in the assistance they can get in performing the tasks which resemble professional work, and in other non-specific factors which are characteristic of interpersonal rather than therapeutic relationships.

It must also be remembered that the research on interpersonal relationships is hard, almost impossible, and that any generalisations lead to reductionism. In the search of reliable statistical data we can come closer to the description of reality on condition that we take into consideration several variables which are connected with the special, unique character of each therapeutic relationship.

Conclusions

The above described results of the research confirm the influence of the psychopathological state, the therapeutic context and the job of the therapist on the subjective evaluation of the therapeutic relationship by the involved parties. It turned out that:

1. The personal acceptance factor plays the most crucial role in the therapeutic relationship regardless of the therapeutic context.
2. The intensification of psychopathological symptoms significantly underlines the importance of the therapeutic context. Such intensification taken into account, the perception of the patient by the therapist and vice versa depends on the context in which the therapy occurs.
3. The intensification of negative symptoms significantly lowers the acceptance of patients by therapists, regardless of the therapeutic context, but in everyday, permanent contact it is positive symptoms that are connected with the rejection tendency.
4. For the swt patients the factor of educational background is in no way related to their evaluation of their relationship with the therapist.
5. Workshop therapists feel to be the most competent and professional group in the sheltered workshops therapy, while psychiatric nurses with long practice in psychiatry feel to be the least uncertain.

References

1. Andreasen NC. *Positive and negative symptoms: historical and conceptual aspects.* Mod. Probl. Pharmacopsychiatry 1990; 24: 1-42.
2. Andreasen NC. *Schizophrenia: positive and negative symptoms and syndromes. Methods for assessing positive and negative symptoms.* Mod. Probl. Pharmacopsychiatry 1990; 24: 73-88.
3. Barbaro B. *Spotkanie-współbycie-rozstanie: trzy fazy terapii schizofrenii.* Przegląd psychologiczny 1984; 37(3): 414-724
4. Barbaro B, Cechnicki A, Zawadzka K, Zadęcki J. *Model terapii i rehabilitacji w schizofrenii.* Psychoterapia 1997:28.
5. Barchach LL. *Foreword in treating the long-term mentally ill* (ed. By RH. Lamb). San Francisco: Jossey-Bass; 1982.
6. Benedetti G. *Klinische psychotherapie.* Bern-Stuttgart: Huber; 1964.
7. Bleuler M. *Schizophrenie als besondere entwicklung.* In Dorner K. eds. *Neue praxis braucht neue theorie.* Gutersloh: Verlag Jakob van Hoddis; 1986.
8. Buchkremer G, Rath N. *Therapeutische arbeit mit angehöringen schizophrener patienten: messinstrumente, methoden, konzepte.* Bern: Verlag hans huber; 1989.

9. Cechnicki A. *Rola oddziału dziennego we wczesnej rehabilitacji chorych na schizofrenię. Analiza wybranych czynników na wyniki leczenia.* Collegium Medicum, Jagiellonian University, Krakow (doctoral dissertation).
10. Cechnicki A, Wojnar M. *Konstrukcja kwestionariusza do badania relacji między terapeutą a pacjentem psychotycznym.* Postępy psychiatrii i neurologii 1997; 6.
11. Chechlińska M. *Relacja terapeutyczna w ocenie pacjentów schizofrenicznych i ich terapeutów. Analiza wpływu niektórych czynników na charakterystykę relacji z chronicznymi pacjentami rehabilitowanymi w warsztatach terapii zajęciowej.* Kraków 1998 (unpublished master's thesis).
12. Ciompi L. *Auf dem weg zu einem kohärenten multidimensionalen krankheits- und therapieverständnis der schizophrenie: konvertierende neue konzepte.* In Boker W. .Brenner DH. eds. *Bewältigung der schizophrenie.* Bern-Stuttgart-Toronto: Hans huber verlag; 1986.
13. Czabała JCz. *Nadal wiadomo niewiele.* Przegląd aktualnych badań nad psychoterapią. Psychoterapia 1993; 3:86.
14. Gunderson JG. *Patient-therapy matching: a research evaluation.* Am. J. Psychiatry 1978; 135: 1193-1197.
15. Hill CE. *What are the mechanisms of change in the common factors? A reaction to Weinberger.* Clinical psychology science and practice 1995; spr. Vol. 2 (1): 87-89.
16. Howard KI, Moras K, Brill PL, Martinovich Z. Et al. *Evaluation of psychotherapy: efficacy, effectiveness and patient progress.* American psychologist 1996; oct vol. 51 (10): 1059-1064.
17. Kępiński A. *Poznanie chorego.* Warszawa: PZWL; 1978.
18. Kępiński A. *Autoportret człowieka. Myśli i aforyzmy.* Warszawa: Wydawnictwo lekarskie1992.
19. Kępiński A. *Schizofrenia*. Kraków: Saggitarius; 1992.
20. Mcglashan TH. *Schizophrenia: psychosocial treatments and the role of psychosocial factors in its ethiology and pathogenesis*. In: Frances AJ, Hales RE. eds. *Psychiatry update.* Annual review. Vol. 5. Washington: American psychology press; 1986.
21. Mounir Y, Ekdawi, Alison M, Conning. *Rehabilitacja psychiatryczna – praktyczny przewodnik.* Warszawa: Wydawnictwo lekarskie PZWL; 1995.
22. Stark FM. *Die therapeut-patient-beziehung in der behandlung schizophrener patienten. Die entwicklung und evaluation eines messinstrumentes* (unpublished doctoral dissertation); 1986.
23. Stark FM. *Schizophrene patienten und ihre familien und therapeutischen kommunikationspartner.* In Andersen B, Stark FM, Gross J. eds. *Mensch-psychiatrie-umwelt. Zur ökologischen perspektive in der psychiatrischen forschung und praxis*. Bonn: Psychiatrie verlag; 1992.
24. Stark FM, Buchkremer G. *Die therapeut-patient-beziehung in der therapie schizophrener patienten: beurteiling durch patienten und therapeuten*. Z. Für klinische psychologie 1992; 21: 209-223.
25. Stark FM, Buchkremer G, Lewandowski L. *Das gruppenklima und die therapeut-patient-beziehung bei zwei gruppentherapiestrategien für schizophrene patienten. Ein beitrag zur klarung differentieller therapieeffekte.* Z. F. Psychotherapie, psychosomatik und med. Psychol. 1994; 44: 115-121.
26. Van den Bos GR, Karon BP. *Pathogenesis: a new therapist's personality dimension related to therapeutic effectiveness.* J. Personality assessment 1971; 35: 252-260.
27. Wing JK, Brown GW. *Institutionalism and schizophrenia.* London: Cambridge University Press; 1970.
28. Wojnar M, Cechnicki A, Wenglarczyk K. *Badanie wzajemnych relacji pomiędzy terapeutami a pacjentami z rozpoznaniem schizofrenii przy pomocy wystandaryzowanego kwestionariusza relacji diadycznej.* Badania nad schizofrenią 1998; 1: 545-552.
29. Zadęcki J. *O Kępińskiego schizofrenii.* Przegląd lekarski 1983; 12: 873-876.

Address:
Oddział Dzienny Katedry Psychiatrii CM UJ
plac Sikorskiego 2/8
31-115 Kraków
Polska