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Group dynamics in psychotherapy of patients with personality disorders

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The subjects in the study were 55 patients with personality disorders admitted for treatment with group psychotherapy in the Department for Neurotic Disorders during three years. An original therapeutic program was administered. Group dynamics in the case of patients with personality disorders was found to differ significantly from that in parallel groups of neurotic patients. In the former groups there were no traditional stages of group development. The therapeutic work was focused on solving numerous current conflicts. Patients with personality disorders had considerable difficulties with observance of social norms – they used to be late for therapeutic sessions, leave in the course of sessions and manifest verbal aggression. However, despite (and perhaps due to) their strong emotional releases they ultimately got deeply involved in therapeutic work. Group therapy provided them an opportunity to play various roles, which was a new and important experience to many of them. Following the emergence of a group bond, therapeutic work on disordered behaviors and change could be undertaken.

Key words: group dynamics, personality disorders

Introduction

The notion of group dynamics one understands as all relations, interactions, and behaviors which appear in a group as a result of direct contacts among the group's members, and which form the basis for these members' active attitude towards their problems and emotional relations among them. Group dynamics comprise goals, norms, and rules of the group's work, and coherence and tension inside the group. Therapeutic goals can be divided into changing the functioning of interpersonal relations on cognitive, affective and behavioral levels and easing the symptoms. The norms are principles of acting and inter-acting in the group, which shape relations and behavior of its members. The norms can change in the course of development of the group, particularly when new problematic situations come up.

Interactions and actions among members of the group form certain train of events, which constitute a group process. In this process, one can select specific stages, which play different roles as far as final goals of the group therapy are concerned:

- First stage: orientation and dependency
- Second stage: struggle for a leader position. At this stage of the group process, conflicts among members of the group are getting sharp and the roles that they play become clearly visible.
- Third stage: the structuring of the group. At this stage, tension decreases and norms of the group stabilize.
- Fourth stage: active work of the group. Coherence of the group, getting interested in one another, sincerity, spontaneity, and change of attitude are characteristic of this stage.

Methods

In the Institute of Psychiatry and Neurology Department for Neurotic Disorders, I was doing studies of a course of therapy and distant treatment results of patients with personality disorders. The purpose of the work was to describe a course of treatment of patients with personality disorders and to determine effectiveness of the treatment in the Department for Neurotic Disorders taking into consideration a comparative study of the course of the neurotic patients' therapy. That goal was achieved on the premise that:

– Patients with personality disorders are treated in a selected therapeutic group;
– The therapy takes place simultaneously with two parallel groups of neurotic patients;
– Treatment of the group of patients with personality disorders is conducted in accordance with the standard medical program using certain modifications and specific methods worked out for that group.

On the basis of the above-mentioned goals the following hypotheses have been formed:

1. The therapy of patients with personality disorders in conditions of the Department for Neurotic Disorders, based on the rules of therapeutic community and applying psycho-therapeutic and sociological-therapeutic methods and techniques, enables the achievement of favorable results as far as clinical condition and social functioning are concerned.
2. The treatment of patients with personality disorders in a selected group, which co-existed with parallel groups of neurotic patients, motivates them to work on the basis of inter-group competition.
3. The therapy of patients with personality disorders in a selected group using specific therapeutic methods creates the possibility of improving interpersonal relations.
4. The functioning of patients with personality disorders during the therapy in the Department for Neurotic Disorders will differ significantly from the functioning of neurotic patients, particularly as far as observance of norms and fulfillment of functions are concerned.
5. Differences between the functioning of patients with personality disorders and the functioning of neurotic patients, which were initially significant and which appear

during the treatment, do not determine results of the therapy after one year.

In the article below, I would like to concentrate on research concerning the group dynamics of patients with personality disorders.

Distribution of patients into groups of personality disorders was based on the following criteria:

1. Psychiatric examination.
   - Description of a psychical condition, data from interview, and diagnosis in cluded in the "Medical certificate for receiving a patient to the psychiatric hospital" which is issued by a doctor from the Out-Patient Clinic of Psychical Health who directs a patient to the Department for Neurotic Disorders.
   - Medical examination by a psychiatrist on duty in the Neurotic Disorders Department who selects patients for treatment.
2. Psychological and clinical records including detailed of patient's life history, which does not differ from the standard psychological record carried out during the Clinic's routine work.
3. The clinical list of symptoms worked out in the Department for Neurotic Disorders – a standard method of measuring the intensity of individual symptoms.
4. MMPI test – the objective psychological test, which helps to qualify the diagnosis.

Patients were qualified for the group of personality disorders in accordance with ICD IX criteria. This way, the group consisted of patients with:

- Personality disorders (301)
- Sexual disorders and deviations (302)
- Habitual excessive drinking of alcohol (303) if, at the same time, the personality disorder was diagnosed and, on condition that a patient preserved abstinence for at least one year before his treatment in the Clinic.
- Medicine addiction (304) if a feature of personality disorder appeared before the development of the addiction.

Besides, the group included also patients with the Neurotic Development of Personality (neurotic character or neurosis of character) where the personality disorder resulted from the experience of early childhood, conflicts, and probably - environmental influence. The sharp diagnostic criteria were to guarantee the homogeneity of the group of patients with personality disorders.

The studied group was undergoing the therapy simultaneously with two parallel groups of neurotic patients. Each of the three groups was guided by an experienced therapeutic team, which included three experienced psychotherapists (a psychiatrist and two psychologists). Before the beginning of the researches, the teams of therapists selected groups of patients diagnosed, whom they preferred for the therapy, basing on their previous experience.

The study included 55 patients with personality disorders admitted for treatment in consecutive therapeutic groups during three years. The group under the study included 26 women and 29 men at the age from 20 to 49 (32.5 years old on average). Clinical diagnoses of patients in the group under the study were as follows:

1. Immature personality 42%
2. Personality disorder 40%
3. Neurotic development of personality 18%

The "personality disorder" diagnosis included patients diagnosed with:

- personality disorder with predominantly sociopathic or asocial manifestation,
- explosive personality disorder,
- asthenic personality disorder,
- anankastic personality disorder,
- schizoid personality disorder,
- personality disorder of people with features of being addicted to drugs and alcohol.

Patients diagnosed with neurosis, treated in two parallel groups, constituted the control group. Selection of patients for the control group had been made in accordance with the following rules:

1. The number of patients corresponds to the number of patients in the group under the study (55 patients).
2. Age, gender split, marital status, place of residence, education, and a kind of job are similar to those in the group under the study.
3. Both groups were treated in the Clinic in the same period of time what means that the therapeutic community was the same and conditions of the therapy similar.
4. Diagnosis: neurosis.

Clinical diagnosis of patients in the control group were as follows:

- anxiety neurosis 65%
- obsessive-compulsive neurosis 11%
- hysterical neurosis 9%
- neurasthenic neurosis 9%
- hypochondriac neurosis 6%

The program was prepared in accordance with the following goals of therapy:

1. Improvement of interpersonal relations by establishing emotional contact with the group and with a therapist, better way of communicating, open and controlled expression of emotions which takes into consideration the needs of other people.
2. Learning how to cooperate and co-act in the group, how to help others.
3. Learning how to use one's experience.
4. Creation of favorable conditions in which the process of learning how to accept and adapt oneself to the norms of the group and of the Department could proceed.
5. Creation of model situations in which the trying of new behaviors would be possible.
6. Revealing the patient's reserves - strong points, skills, interests - and this way, improvement of their self-esteem.

Patients of the group under the study and the control group were treated in closed groups for 10 weeks. The group discussion therapy was held 3 times a week, each meeting for 2 hours. An hour and a half long musical therapy and art therapy took place once a week. What's more, 2-hours and a half long occupational therapy and 1-hour dance therapy were held once a week. All patients and therapeutic personnel used to take part in meetings of therapeutic community once a week. During their stay in the Clinic patients would fulfill different kinds of functions, e.g. a member of the group council, a group leader, a person on duty etc.

There were the following differences in the program of the group under the study comparing with the program of the control group:

1. The systematic training therapy whose main goal was to create conditions for training the new, less conflicting forms of communicating with other people, better and more open expression of emotions in such a way that they are not a threat to other people and they don't disorganize the behavior of the person who is just experiencing them. Besides, the group's training tasks were to teach the patients how to cooperate with others. An important element of that form of therapy was reference to the experience of individual patients and confronting them with experience of other members of the group. The goals of the training therapy were achieved through elements of the work with the body, teaching the relaxation techniques as well as through modeling and training the new behaviors while playing roles.
2. The group discussion psychotherapy without the biography stage but with elements of mime show and psychodrama. It was oriented on discussing the patients' behavior and relations between them during their stay in the Clinic, and it referred to biographies written by patients but without presenting them entirely in the group. At the first stage, which lasted about 3 weeks, the therapy was focused on individual problems of patients. At next stages, the attention was directed at relations among members of the group, the roles played by them, with confronting - more and more often - various kinds of patients' experience and behaviors. The last stage of the therapy was oriented towards contacts with an environment beyond the Clinic, undertaking the social roles, and discussing the plans for the future.
3. Reduction of individual therapy to a minimum, which forced the patients to develop deeper, contacts with the group.
4. A different, more structured way of guiding the occupational therapy connected with joint group activities in the Clinic and beyond it.
5. Focusing the other therapeutic techniques - such as music therapy, art therapy – on building more mature emotions as far as the "white and black model" is concerned, and at a reduction of increased tension through dance therapy.

Assessment of the group dynamics has been made on the basis of the Observation Questionnaire of Patient's Behavior and clinical observation. The Observation Questionnaire consisted of 4 parts:

1. Functioning in the therapeutic community, fulfillment of one's functions, and observance of the Department's norms.
2. Functioning during meetings of therapeutic community,
3. Functioning during the group psychotherapy,
4. Functioning during the individual psychotherapy.

The Observation Questionnaire was a scale of grades, which included a 4-level intensity of appearance of given behaviors: from "it doesn't appear" to "it appears with high intensity". Depending on its part, the Observation Questionnaire was filled out by the group or the individual therapist and by nurses. This way, one could observe the dynamics of changes of the patient's behavior during the group sessions, at individual sessions, and during informal contacts with other patients in the Clinic.

Results

The analysis of the Observation Questionnaire's data showed that during the group therapy, patients from the personality disorder group expressed the will of helping each other, which was combined with a struggle for leadership and conflicts. During the

Table 1

The ways of functioning during sessions of the group psychotherapy

The ways of patients functioning during sessions of the group psychotherapy	Group under the study				Control group			
	It appeared		It appeared very often		It appeared		It appeared very often	
	N	%	N	%	N	%	N	%
Being late for meetings of the group	29	53	3	5	33	60	3	5
Leaving in the course of sessions	32	58	4	7	23	42	0	0
Expressing own opinions during the majority of sessions	38	70	17	31	35	63	14	25
Spontaneous statements	38	69	18	33	37	67	9	16
Willingness to undertake tasks	33	60	14	25	29	53	5	9
Struggle for leadership	31	56	11	20	20	36	7	13
Conflictbehavior	40	73	6	11	30	55	2	4
Involvement in problems of other patients	47	85	–	–	42	76	–	–

group sessions they were active and spontaneous, involved in problems of others, but they used to break norms of the group and take part in conflicts (table 1).

Two types of behaviors collided over here. The old one, in accordance with which they were functioning before, was based on undertaking a battle with an environment, the lack of empathy, and perceiving only own rights and needs. The new one, resulted from identification of oneself with a group of similar people and perceiving their problems as own ones what was followed by interest in other people and willingness

to help them. This attitude, however, was limited only to people from their own group, which increased the sense of being different in the therapeutic community.

Patients from the group with personality disorders, compared with neurotic patients, used to withdraw more often from interactions with other members of the group in case of both the same and different sexes, and they undertook cooperation with members of the same sex group less often. However, the patients from the group under the study

Table 2

Interactions among patients during sessions of the group therapy

Kinds of interactions among patients	Group under the study		Control group	
	N	%	N	%
Cooperation with people of the same sex	31	56	46	84
Cooperation with people of different sex	32	58	42	76
Fighting with people of the same sex	13	24	9	16
Fighting with people of different sex	11	20	13	24
Withdrawal from interactions with people of the same sex	11	20	0	0
Withdrawal from interactions with people of different sex	12	22	0	0

did not undertake conflicts with members of the same sex group significantly more often than with members of a different sex (table 2).

There was no significant statistical difference between the group under the study and the control group as far as the roles played in the group are concerned (table 3). The fact of playing different roles in the group seemed to be an important experience for patients with personality disorders. Earlier studies conducted in the Department for Neurotic Disorders and clinical observation show that these patients, when treated

Table 3

The roles played in the group by patients in the department for neurotic disorders

Roles played in the group	Group under the study		Control group	
	N	%	N	%
Leader	18	33	13	24
Scapegoat	5	9	5	9
Clown	2	4	2	4
Star	7	13	6	11
Deviant	11	20	6	11
Expert	17	31	15	27
Satellite	8	15	12	22
An ordinary person	19	35	26	47

in the group of patients with neurotic disorders, usually played the role of a deviant or a scapegoat.

As for showing emotions to other patients during the group sessions, negative

Table 4

Emotions showed to other patients during sessions of the group therapy

Kinds of manifested emotions	Group under the study		Control group	
	N	%	N	%
Understanding	6	2"	6	11
Sympathy	2	2"	11	20
Acceptance	8	14	15	27
Anger, hostility	12	22"	6	11
The lack of understanding	14	25	13	24
The lack of acceptance	18	33"	4	7
Positive emotions manifested directly	10	18"	17	31
Positive emotions manifested indirectly	7	13"	16	29
Negative emotions manifested directly	24	44"	10	18
Negative emotions manifested indirectly	14	25	12	22

emotions, expressed both directly and indirectly, were dominating. There was a lot of anger, lack of acceptance and understanding for other people (table 4).

Interactions between patients with personality disorders and the group therapist are worth mentioning (table 5). Rebellion, rivalry, and aggression dominated there. The patients had great difficulty in undertaking cooperation with the group therapist. They could not accept his position of "a leader" and a chairman of the sessions so

Table 5

Interactions with the group therapist.

Kinds of interactions	Group under the study		Control group	
	N	%	N	%
Cooperation	1	2"	6	11
Submission	2	4"	11	20
Looking for protection	8	15	15	27
Rivalry	12	22"	6	11
Aggression	14	25	13	24
Opposing, rebellion	18	33"	4	7

they were competing with him what escalated particularly while trying to conduct the directive therapy.

Discussion

Group dynamics in psychotherapy of patients with personality disorders was, in many respects, different from group dynamics of neurotic patients, which was confirmed by clinical observation. In the group of patients with personality disorders the work on gaining insight into the problem and on the re-orientation, progressed slower and with greater difficulty than in the parallel group of neurotic patients. There was a lack of stages. Therapeutic work amounted to working on many current conflicts: it was difficult to get away from them in order to discuss individual problems of individual patients. From the first days of the treatment, patients used to come into conflict situations which were difficult to discuss because the group, being at the first stage of treatment, couldn't solve the conflicts yet. As a result of strong emotions it seemed to the patients that individual situations were completely unlike forming a chain of non-connected elements, and therefore it was difficult to find an analogy. The process of re-orientation was also difficult because of great resistance to the undertaking of tasks. Patients systematically postponed undertaking the tasks, they worked in spurts. During the group therapy of patients with personality disorders, one could see a disorganizing impact of emotions on a level of patients' work, which was particularly visible at non-verbal sessions. Patients often had difficulties in understanding even simple instructions, which lowered a level of tasks that they performed and influenced the course of subsequent analysis. It may show that in social situations, patients with personality disorders experience a feeling of danger. Therapists were forced to use pacifying, clarifying, and ordering techniques more often than during the sessions with groups of neurotic patients. The beginning of every session of the discussion group psychotherapy was characterized by a long period of passive waiting followed as a rule by a spontaneous activity with very strong, emotions. Those emotions manifested themselves in talking with a raised voice, several people at the same time, in not listening to each other, disturbing each other, and leaving in the course of sessions. As a consequence, it was difficult for therapists to work in accordance with their schedule, and to keep control over group processes. Only after that stage of fighting, which was full of emotional explosions (and perhaps due to that stage), a deep therapeutic work used to begin. It turned out that discussing the conflict situations only during the group sessions without an opportunity of talking them over in a more profound way and getting over them during the individual therapy is impossible. Besides, a degree of a feeling of danger was much higher in group situations than during individual psychotherapy, which made the process of perception of tasks difficult.

Despite great difficulty in working with a group of patients with personality disorders, it seems that formation of such homogeneous groups - based on the principles of a therapeutic community – in departments for neurotic disorders has got positive aspects. The functioning of the group of patients with personality disorders, compared to the functioning of neurotic patients, shows how important the homogeneous group was for them. The significant statistical difference referred only to a greater susceptibility

to conflicts in the case of the personality disorder group. After a detailed analysis of data, differences, which are not statistically important, but which are proved by clinical observation, emerged. Patients from the group of personality disorders, compared to neurotic patients, were less often late for group sessions, more active, more spontaneous in their statements, and more involved in problems of other patients. The most significant differences between the group of personality disorders and the group of neurotic patients were: the more emotional course of group sessions, outright expression of negative emotions, intense fighting for leadership, and frequent conflicts, which resulted in frequent departures from the group sessions. Those patients, however, did not come into conflict with patients of the same and different sex much more often. There wasn't a statistically important difference there between the two groups as far as the roles played in a group are concerned. The fact of playing different roles in a group seems to be an important experience for patients with personality disorders. In the past, they usually had an experience of plying the role of a deviant or a scapegoat in their social groups. Many patients, since their childhood, hadn't had a chance to find their places in a group and this intensified their sense of being different and was followed by aggression towards an environment making proper relations with people even more difficult. In fact, some of them had had an experience of being in a group but that was the group breaking the social norms. It gave them a sense of belonging to the group but it was not socially accepted. In the situation of being treated in the homogeneous group, those patients could undertake different roles in the group what, for the majority of them, was a new and very important experience.

The results mentioned above show how important the homogenous group is for the patients with personality disorders. It improves their interpersonal relations through creation of the group bond, reduction of a sense of threat and a sense of being different, and an opportunity of testing the new group role. Thanks to the emergence of a group bond, therapeutic work on disordered behaviors could be undertaken. It was easier for patients to receive feedback from other members of the group accepted by them. Training techniques oriented towards training the disordered behaviors, the revealing of positive and negative emotions in a way accepted by an environment in a favorable atmosphere of the group (which provides support and a sense of security), enabled therapists to correct the disordered behaviors.

Conclusions

1. The treatment of patients with personality disorders in the homogenous group helps to improve their interpersonal relations thanks to the creation of the group bond. The group bond helps to accept feedback from other members of the group.
2. The use of training techniques aimed at the correcting training of disordered behaviors, the revealing of positive and negative emotions in a way accepted by others help to correct the disordered behaviors.
3. Rivalry between patients with personality disorders and neurotic patients motivates them to be more active and to discuss all their difficulties at group sessions.

The conclusions mentioned above as well as the described results of the studies may not be sufficiently proved in this article as far as statistics is concerned, but they were formed also on the basis of earlier clinical studies conducted in the Department

for Neurotic Disorders.

In the study, which I presented, I did not manage to take into consideration all the factors that could have had an influence on their results, but this is unavoidable in the situation when the study is conducted in the clinical department, and not in artificial experimental conditions. Besides, it seems very important to take advantage of the clinical observations, which are not, in fact, statistically measurable, but which are very helpful in interpreting the statistical results and which are a rich source of knowledge concerning the functioning of patients.

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