

PERSONALITY CHARACTERISTICS OF PSYCHOTIC PATIENTS AS POSSIBLE MOTIVATING FACTORS FOR PARTICIPATING IN GROUP PSYCHOTHERAPY

Branka Restek-Petrović^{1,2}, Anamarija Bogović^{1,3}, Majda Grah¹, Igor Filipčić^{1,2} & Ena Ivezić¹

¹Psychiatric Hospital „Sveti Ivan“, Zagreb, Croatia

²Josip Juraj Strossmayer University of Osijek, Faculty of Medicine, Osijek, Croatia

³Catholic University of Croatia, Zagreb, Croatia

SUMMARY

Background: This study aimed to examine the relationship between some personality characteristics of patients diagnosed with psychotic disorders and the quality of their engagement in psychodynamic group psychotherapy. Given that previous research has shown that self-stigma is significantly negatively associated with the engagement of patients, the measure of self-stigma was used as a correlate of patients' motivation to participate in group psychotherapy.

Subjects and methods: A total of 48 outpatients (52.1% women; mean age 35.30 years) attending group psychodynamic psychotherapy completed The Inventory of Personality Organization, The Pathological Narcissism Inventory, The Measure of Parental Style, The Relationship Questionnaire, and The Internalized Stigma of Mental Illness scale.

Results: The findings showed that patients with higher levels of self-stigma have unhealthy attachments styles, perceived their mothers' parental style as indifferent and achieved greater scores on narcissistic vulnerability scale. They are also prone to primitive psychological defences, have poorly integrated identity, and achieved lower scores on reality testing dimension.

Conclusion: Taking into account the limitations of this study, these findings may contribute to improved understanding of the quality of participation and engagement of psychotic patients in group psychotherapy, and may help to develop more effective therapeutic approaches.

Key words: personality characteristics – psychosis - self-stigma - psychodynamic group psychotherapy

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INTRODUCTION

Decades of psychotherapy research have revealed that psychological treatments are effective for a broad range of psychiatric problems (Wampold 2010) and disorders, but many people who are experiencing mental health problems never seek psychological help. Research studies have found that less than 40% of individuals with mental health problems seek any type of psychological help (Andrews 2001, Kessler 2001, Regier 1993), and the percentage of those who seek help from mental health professionals is even lower, i.e. 11% (Andrews 2001).

Engaging patients with psychosis in any sort of therapy presents a challenge regarding difficulties these patients have with reality testing, impaired insight, and primitive defence mechanisms that distort and complicate object relations (Shermer 1999, Restek-Petrović 2014a). Having that in mind, understanding the factors influencing the engagement in therapy in general as well as in psychotherapy presents a logical and important topic for research.

One important factor that inhibits individuals for seeking professional psychological services is stigma (Corrigan 2004). Stigma leads to rejection, discrimination, distress and other burdens and is a major obstacle to successful treatment, rehabilitation and reintegration of people with mental illness (Filipčić 2003, Aukst Margetić 2010). Internalized stigma or self-

stigma is associated with low self-esteem, low sense of empowerment, low social support, low hope, poor adherence to treatment and quality of life (Corrigan 2006, Werner 2006, Livingston 2010). Clinically self-stigma is associated with an increase in symptom severity (Mak6), positive symptoms (Lysaker 2007), negative symptoms (Lysaker 2009), depressive symptoms (Ristcher 2003, Yanos 2008), as well as reduction in insight (Lysaker 2007), social functioning and attention functioning (Lysaker 2009). High self-stigma predicted psychiatric hospitalization in some studies (Rüsch 2009). Previous studies have shown that increased self-stigma is negatively associated with the quality of engagement in group psychotherapy, as well as with relation with therapist and other patients (Vogel 2006, Fung 2008, Rüsch 2009).

Personality characteristics are another potentially important element in engaging psychotic patient in psychotherapy. In the last decades, there has been a growing interest in normal personality characteristics of individuals with psychosis and their impact on treatment outcome (Beauchamp 2011). The traditional belief that an individual's personality is altered or even destroyed by psychotic experience has been challenged (Bleuler 1950, Kraepelin 1971). Studies have shown personality differences among individuals with schizophrenia (Donat 1992, Tien 1992), even recent-onset psychosis (Hogg 1990, Beauchamp 2006) and that these individual differences are stable over time (Smith 1995, Kentros

1997, Gurrera 2000) Moreover, these individual differences are believed to influence behaviours over the course of the illness and potentially contribute to outcomes such as social functioning and treatment response (Hulbert 1996, Lysaker 1999, Lysaker 2004, Couture 2007).

The research of the relationship between personality characteristics of patients in early psychosis and their engagement and nature of their participation in psychodynamic group psychotherapy is scarce.

Early intervention program in „Sveti Ivan“ hospital (RIPEPP)

This is a comprehensive therapy program for treatment and support of patients affected by psychotic disorders and their family members. The program includes patients in early phases of psychotic disorders treated both at the hospital and on outpatient basis, and who are within the “critical period” of five years from the first appearance of psychotic symptoms (Restek-Petrović 2012). The RIPEPP programme encompasses several therapeutic activities: 15 psychoeducational workshops for patients and their families together, once a week psychodynamic group psychotherapy for patients, twice a month psychodynamic group psychotherapy for family members and psychosocial activities in the patients club „Together“ (social skills training, art therapy, occupational therapy etc).

Psychodynamic group psychotherapy

Inclusion criteria for group psychotherapy in RIPEPP programme are relatively widely set in accordance with the fact that patient population consists of young patients at the beginning of their illness, with no or only minor impairments of their clinical status and social functioning. The exclusion criteria are low intelligence, organic brain damage as well as drug abuse and addiction (Restek-Petrović 2007, Gans 2010, Urlić 2010). All patients received appropriate antipsychotic therapy.

The patients participated in seven outpatient open-ended groups held once per week for 60 minutes. All seven groups were led by experienced psychiatrists who are also group analysts. The classical group analytic techniques (Foulkes 1977) were adapted to meet the needs of the patients with psychosis at the beginning of the therapy: a more active approach by the therapist in stimulating patient communications, an emphasis on developing interpersonal interactions among group members, active work to establish group cohesion, avoidance of unconscious content and conflicts that arouse anxiety, supportive interventions when necessary. Later, as group treatment was expected to be indefinite, spontaneous communication was permitted, as were interactions among patients to allow for identifying and actualizing internal conflicts, and to gradually progress through all types of therapeutic interventions.

Although the participation in the RIPEPP programme (psychoeducation, psychosocial activities in the patients club) has been relatively good (about 70% of patients participate in the outpatient program), only 25% of patients participate in the long-term outpatient psychodynamic group psychotherapy in spite of some positive therapeutic outcomes (Restek-Petrović 2014b).

According to our wish to better understand the motivation of psychotic patients for the engagement in therapy in general and particularly in outpatient group psychotherapy, we conceptualized this research. This paper is a part of the broader research about the motivation for therapy and personality characteristics of psychiatric patients.

The aim of this study was to examine the relationship between some personality characteristics of patients included in the RIPEPP programme and their self-stigma. Given that previous research has shown that self-stigma is significantly negatively associated with the engagement of patients, the measure of self-stigma was used as a correlate of the quality of patients' engagement in psychodynamic group psychotherapy.

SUBJECTS AND METHODS

Subjects

The sample in this study consisted of 48 adult outpatients diagnosed with non-affective psychosis that participated in the RIPEPP programme. The diagnoses were determined via a consensus between the attending psychiatrists and clinical psychologists, according to the ICD-10 diagnostic criteria (WHO, 1992). There were 23 men (47.9%) and 25 women (52.1%). The average age of the sample was 35.30 years (SD= 8.71). 29 (60.4%) had completed secondary school, and 19 (39.6%) had a university degree. In terms of employment, 14 participants (29.2%) were employed, 14 (29.2%) were students, 11 (22.8%) were unemployed, and 9 (18.8%) were retired. The sample consisted of 7 (14.6%) married participants, 3 (6.3%) living with a partner, 2 (4.2%) divorced, 1 (2.1%) widowed, and 35 (72.9%) single participants. The average duration of the disease was 7.25 years, and the average number of hospitalizations was 2.96. Average participation in the long term psychodynamic psychotherapy was 4.5 years. The participants were included in the early phase of their illness, according to the inclusion criteria of the RIPEPP programme (Restek-Petrović 2012). All patients received the appropriate antipsychotic therapy. The study was officially approved by the ethical committee of the Psychiatric hospital Sveti Ivan.

Instruments and procedure

Patients were asked by their psychiatrists to complete the battery of self-report measures.

The Inventory of Personality Organization (Kernberg 1995) is a 57-item measure developed to assess three dimensions of personality according to Kernberg's model of personality organization: identity diffusion

(poorly integrated concepts of self and others), primitive psychological defences, and impaired reality testing. Responses are made on a scale ranging from 1 (never true) to 5 (always true). Prior studies have shown the IPO to have good internal consistency and test-retest reliability, while the findings on factorial structure are ambiguous (Lenzenweger 2001, Igarashi 2001, Berghuis 2009, Ellison 2012). The instrument is translated into Croatian and is currently in the process of psychometric evaluation. In the present study identity diffusion, primitive psychological defences, and impaired reality testing had Cronbach's α coefficients of 0.93, 0.87 and 0.87, respectively.

The Pathological Narcissism Inventory (Pincus 2009) is a 52-item questionnaire that assesses grandiose and vulnerable aspects of pathological narcissism. Respondents are asked to use a scale ranging from 0 (not at all like me) to 5 (very much like me) to rate each item. Psychometric evaluation studies have shown the PNI to have good internal consistency and convergent and discriminant validity (Wright 2010, Thomas 2012, Marčinko 2014).

The Measure of Parental Style (Parker 1997) is used to assess perceived parental indifference, over-control, and abuse. It consists of 15 items about mothers' and fathers' behaviour, and the responses are made on a scale from 0 (not true at all) to 3 (extremely true). Different studies to date concluded that MOPS represents reliable and valid instrument for the assessment of parental styles (Rumpold 2002, Picardi 2013).

The Relationship questionnaire (Bartholomew 1991) is a measure of adult attachment style. It consists of four short paragraphs, each describing one of the four attachment prototypes (secure, preoccupied, fearful, and dismissing). Participants are asked to rate their degree of correspondence to each attachment style on a 7-point scale (disagree strongly-agree strongly). Therefore, RQ was designed to obtain continuous ratings of each of the four attachment patterns. However, it can also be used

to categorize participants into their best fitting attachment pattern. In previous studies, RQ has shown to have satisfactory reliability and construct validity (Bartholomew 1991, Sumer 1999)

The Internalized Stigma of Mental Illness scale (Ritsher 2003) is designed to measure the subjective experience of stigma. It consists of 29 items measuring 5 aspects of stigma: alienation, stereotype endorsement, perceived discrimination, social withdrawal and stigma resistance. The items are rated on a scale from 1 (strongly disagree) to 4 (strongly agree). The questionnaire has shown adequate psychometric characteristics (Ritsher 2003, Aukst Margetić 2010).

Statistical analysis

Statistical analysis was conducted using the SPSS (Statistical Package for the Social Sciences) version 20. Descriptive analysis of self-report data included means and standard deviations. The associations between the examined personality characteristics, perceived parental styles and self-stigma were determined by using Pearson's r correlations and chi-square test.

RESULTS

The mean values on different self-assessment measures are shown in Table 1.

On average, the majority of patients expressed low levels of self-stigma, but it is important to note that 15% of patients expressed moderate to high intensity of internalized stigma (results above 2.5). Concerning adult attachment styles, 15 patients (31.3%) described their attachment style as fearful, 12 (25%) chose secure style, 10 (20.8%) preoccupied, and 8 (16.7%) dismissive attachment style.

Table 2 presents associations between dimensions of personality organization, pathological narcissism, parental styles, and self-stigma.

Table 1. Average results on IPO, NPI, MOPS and ISMI measures for the outpatients with psychotic disorders (N=48)

	IPO			NPI		MOPS						ISMI
	PD	ID	RT	G	V	Mother			Father			
						I	A	OC	I	A	OC	
Mean	37.40	50.17	37.34	2.14	1.96	2.71	2.60	5.23	3.91	4.00	3.93	1.99
SD	10.02	15.24	10.83	0.79	0.87	4.38	3.78	3.48	5.26	4.92	2.82	0.53

Note: PD= Primitive Defences; ID= Identity Diffusion; RT= Reality Testing; G= Grandiosity; V= Vulnerability; I= Indifference; A= Abuse; OC= Over-control; ISMI = The Internalized Stigma of Mental Illness scale; SD= Standard deviation

Table 2. Correlations (Pearson's r) for personality organization, pathological narcissism, perceived parental styles, and internalized stigma (N=48)

	IPO			NPI		MOPS						
	PD	ID	RT	G	V	Mother			Father			
						I	A	OC	I	A	OC	
ISMI	0.504**	0.360*	0.420**	0.109	0.438**	0.287*	0.120	0.144	0.063	0.224	0.124	

Note: PD= Primitive Defences; ID= Identity Diffusion; RT= Reality Testing; G= Grandiosity; V= Vulnerability; I= Indifference; A= Abuse; OC= Over-control; ISMI = The Internalized Stigma of Mental Illness scale; * $p < 0.05$; ** $p < 0.01$

These correlations revealed that all three dimensions of personality organization were significantly related to self-stigma: those who were prone to primitive psychological defences, had poorly integrated identity and reduced capacity for reality testing, they were greatly affected by internalized stigma, therefore possibly less motivated to participate in group psychotherapy. Grandiosity was not significantly correlated with self-stigma, but vulnerability was: those with frail self-image inclined to self-stigmatization. Also, significant positive correlation was found between mother's indifference and internalized stigma, while the same was not observed for the other styles, nor for father's parental styles. Finally, concerning adult attachment styles, those with preoccupied and dismissive styles were more prone to self-stigma than those with secure and fearful attachment styles ($\chi^2=12.78$, $df=4$, $p=0.012$).

DISCUSSION

The population of patients included in our early intervention RIPEPP programme and participating in long-term psychodynamic group psychotherapy showed lower levels of self stigmatization, which was similar to data found in literature (Rusch 2006, Vogel 2006, Fung 2008). This can be partly explained by the potential therapeutic impact of a long-term group process because diminishing the impact of stigma and self-stigma in psychotic patients is one of the therapeutic goals. 15% of patients in our sample show moderate to high levels of self stigma. Their long-term participation in group psychotherapy can be understood in the light of support and containment the cohesive group with developed group matrix provides (Winnicott 1965, Foulkes 1977).

Average results on dimension of personality organization are similar to results of Berguis et al. (2009) obtained in a non-psychotic clinical group. Results suggest relatively mature defences, relatively integrated identity and good reality testing. The significant positive correlation of these dimensions with self-stigma indicates that psychotic patients who participate in group psychotherapy have more mature personality organization. An important element in understanding these results is the fact that the actual aims of the group psychotherapeutic treatment for psychotic patients are improvement of reality testing, restructuralization of defence mechanisms and better integration of self and identity (Schermer 1999). All our patients were included in group psychotherapy after first or second hospitalization for psychotic episode so these results could be attributed probably to the good remission and improvement in therapy as a result of the continuous treatment, and probably less understood as the predictive personality characteristics in start.

Concerning pathological narcissism, average results for grandiosity correspond to results of Marčinko et al.

(2013) for non-psychotic psychiatric outpatients, while our results for vulnerability are slightly lower. Vulnerability component of pathological narcissism is significantly connected to self-stigma meaning that patients prone to self-stigmatization are those with frail self-image. Narcissistic vulnerability could present a difficulty in all phases of group psychotherapeutic process resulting with early and late drop-outs (Yalom 2005).

Numerous studies have suggested that early interpersonal experiences affect adult attachment styles and that attachment styles can predict interpersonal functioning, self-esteem and psychopathology (Bartholomew 1991, Platts 2002). In our study the most frequent attachment styles are fearful style and secure style. The fearful and secure attachment styles found in our sample are less prone to self-stigmatization and therefore more likely to be able to engage in long term group process. Studies also found higher level of insecurity in individuals with non-affective psychosis than in individuals with affective disorders (Dozier 1991). It was found that low care and overprotection in childhood are associated with insecurity in adult attachment (Berry 2007).

The results in our study show that the most commonly perceived parental style is maternal over control. Previous research of patients with schizophrenia found less care and more overprotection in perceived parental styles (Onstad 1994, Winter Helgeland 1997). Individuals with schizophrenia compared to nonclinical sample were perceived as exposed to affectionless control by their father (Parker 1988). In general, patients with psychosis perceived their parents as overprotective and lacking of care. Such parental attitudes are associated with early start of psychosis, as well as a more severe course and outcome of the disorder (Warner 1988, Baker 1984, Hafner 1991, Lebell 1993).

This study has several important limitations. It is conducted on a small sample of patients, and specific inclusion principles were applied for the group psychotherapy, which prevents generalization of the results. In addition, no instrument was used to measure directly the motivation of patients to engage in group psychotherapy. Instead, measure of internalized stigma is used as a correlate of the patient's quality of engagement in group psychotherapy. Moreover, self-assessments and assessments are prone to subjectivity, so the results should be interpreted with caution. Also, the nature of this study was correlational, so no cause-effect relationships could be concluded. Further studies should take these limitations into account.

CONCLUSIONS

Generally the results of our study show that patients who participate in the long-term psychodynamic group

psychotherapy show low levels of self-stigma, less pathological personality organization, more secure attachment styles and better perceived parental styles (over control but not lack of care). Moreover, the findings show that patients with higher levels of self-stigma have unhealthy attachment styles, perceive their mothers' parental style as indifferent, achieve higher scores on narcissistic vulnerability scale, and are prone to primitive psychological defences. They also have poorly integrated identity, and achieve lower scores on reality testing dimension. These results are consistent with findings in literature, but their predictive meaning as possible motivating factor for participating in group psychotherapy should be interpreted with caution because practically all of these parameters are the important treatment aims and topics in the long-term group psychotherapy.

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Correspondence:

Branka Restek-Petrović, MD, PhD
Psychiatric Hospital "Sveti Ivan"
Jankomir 11, 10 000 Zagreb, Croatia
E-mail: branka.restek-petrovic@pbsvi.hr

The possible negative impact of avoidance and suppression on positive psychotic symptoms has been recognized by others. Morrison and colleagues (Morrison, 1994; Morrison, Haddock, & Tarrier, 1995) have proposed that active suppression-based coping strategies exacerbate intrusive thoughts, psychological distress, autonomic arousal, and auditory hallucinations in the SMI.Â and unhealthy self-focus in some psychotic patients. The SMI talk more about issues related to disordered thinking and tend to make more frequent references to their own cognitions as compared with normal controls (Rosenberg & Tucker, 1979). Auditory hallucinations are particularly likely to produce high levels of such self-focus (Morrison & Haddock, 1997).