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Review

Problems of scientific validation of group analytic psychotherapy

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The aim of psychotherapy – individual or group psychotherapy – is to bring about change in painful feelings, distorted perceptions of self and others, dysfunctional behavior, etc. While there are many systematic studies of short term individual and group psychotherapy, researches of long term psychotherapy such group analytic psychotherapy is, hardly exist. The practice of group psychotherapy has resulted in rich, but descriptive clinical studies. As more studies accumulated, reviewers became more concerned with evaluation of therapy outcome. As the efficiency of different group approaches was established, questions about what was effective in the group process, and how treatments could be improved, gradually emerged. Problems of researches in group psychotherapy in general, and specifically in group analytic psychotherapy can be reviewed as methodology problems at first, validity and reliability problems, as well as problems of outcome (efficiency) and problems of the research of group process.

Keywords: Group analytic psychotherapy, research, methodology problems, outcome, group process.

INTRODUCTION

The human being is usually born into, raised and protected as a member of a small group – a family, and extended group – a society. People have also gathered in groups for mutual support and relief from fear. Use of the group's motivating forces in order to influence human behavior is probably as old as the history of mankind. Tribal leaders and religious shamans used social gatherings to promote cure and behavioral change long before mental health workers engaged in such a practice.

It is generally agreed that the practice of group psychotherapy in a stricter sense started in the beginning of the last century in the U.S.A. although important contributions came from Europe. As early as 1905, Joseph Pratt, a Boston internist, gathered his tuberculosis patients in large groups to teach them normative behavior and proper home care measures, which he thought were crucial for the cure of tuberculosis. Some years later Cody Marsh started inspirational group lectures for psychiatric inpatients, and his motto was: "By the crowd they have been broken; by the crowd they shall be healed". In the same St. Elizabeth Hospital outside Washington D.C. a psychiatrist Edward Lazell developed a didactic approach, by lecturing Freudian psychology to a group of severely disturbed patients (Vlastelica, 2002).

Short review of the history of group analytic psychotherapy

A dramatic rise in the popularity of group psychotherapy was caused by World War II. Because of the high number of psychiatric casualties, military psychiatrists were forced to use group treatment methods out of necessity.

The development of therapeutic group activities in Great Britain since World War II can be traced back to the "Northfield experiment" and S. H. Foulkes, the founder of group analysis i.e. group analytic psychotherapy (Vlastelica, 2002). Group analysis (the term is established by Foulkes himself) is a group psychotherapy based on psychoanalysis. In Northfield's military hospital in England during the Second World War

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Foulkes gathered numerous army officers – patients suffering from neurotic disturbances. Because of their considerable number he started to apply psychotherapy-psychoanalysis in groups. From this experience Foulkes developed his concept of “psychoanalysis by the group”, also known as the concept called “group-as-a-whole”. That concept includes issues identical to those in the classical psychoanalysis, and there from this method of group psychotherapy is also called “group analysis”. However, group analysis is much more than mere application of psychoanalytic principles to a group (Foulkes, 1984). Foulkes presented his theories in several books (Foulkes 1983, 1984, 1986; Foulkes and Anthony, 1965) and, summarizing his work, the following should be noticed:

While the basic biological unit is the individual organism, Foulkes considered the group as the basic psychological unit. He maintained that every man is fundamentally determined by the world he lives in, his group (i.e. family) or the society he is a part of. Foulkes saw the individual as enmeshed in the social network, which consisted of transpersonal processes that penetrated each person to the very core. The language which we perceive of as our private thoughts, is something we share with the whole group. It is generated from our need to communicate, to survive, and to adapt. Our own culture is something we exist in – without observing it clearly, and only if we are suddenly displaced to another culture, we can realize how strongly our basic feeling of safety, and even our identity, depends on our socio-psychological network.

Foulkes considered neuroses and psychological disturbances as a result of an incompatibility between the individual and his original group – the family. Symptoms were individualistic in nature and potentially destructive to the group. According to Foulkes, symptom is “autistic” and could not be verbalized in an understandable way. Therefore symptoms could not be communicated openly and directly. The resolution is only possible in a social network, either in the group in which the disturbance arose, i.e. the family, or in a therapeutic group. The healing trait of the group depends on this uncovering, which could lead to resolution of the disturbances in the context of the relationships of the group (Foulkes, 1983).

Foulkes maintained that new modes of relating were available once the old patterns had been recognized, analyzed, and translated. He had a strong faith in the therapeutic potential of the group members in relationship to each other (Vlastelica et al., 2001, 2003, 2005)

The important role in group analytic psychotherapy (group analysis) belongs to the group therapist, here named “conductor”, and who should be able to identify processes in the group (Vlastelica and Urlić, 2004). With his help the group-as-a-whole and, consequently, its individual member would develop and mature.

Problems of researches in group psychotherapy

Psychotherapy as a method of curing psychological disturbances is very difficult to subject to scientific research, and group psychotherapyis is even more difficult to subject to the rules of proper scientific research. This difficulty is caused by its very nature, because this kind of treatment includes someone's feelings, emotions, phantasies and the whole repertory of therapeutic phenomena such are transference, counter transference, defense mechanisms, resistance, confrontations, clarifications, interpretations etc. Furthermore, researchers and clinicians are faced with a field comprised of several interactive parts: patients, therapist (conductor), subgroups, group-as-a-whole. At any time, individual, subgroups, and the whole group elements are operating, whether we are treating (or measuring) them or not. At one time, the psychological problems of individual member may be focused, the next moment our interest may be caught by the interpersonal relationship that members of the group are involved in. While the therapist, individual patients, and the group have influence, combinations of different influences are also present. Are they cumulative, additive, potentiating, inhibiting, or something else? Adding to this, the group is a moving, evolving system comprised of interlocking parts from which a catalytic process emerges and the process can never go back.

The practice of group psychotherapy has resulted in rich, but descriptive clinical literature (Vlastelica, 2002), mostly as case presentations, which could not be subjected to the proper scientific rules of research. In the beginning, clinical reports were anecdotal, with a description of single group. As more studies accumulated, reviewers became more concerned with evaluation of therapeutic outcome. As the efficiency of different group approaches was established, questions about what was effective in the group process, and how treatments could be improved, gradually emerged. Traditionally, researches of group psychotherapy have been divided in two parts: researches of therapeutic outcome and researches of therapeutic process (Beck and Lewis, 2000).

Problems with methodology in group psychotherapy and group analysis

The efficiency of group analytic psychotherapy (group analysis) as a psychotherapeutic method has always been described descriptively, and very few studies have been based on objective measurements. Among the greatest methodological difficulties in psychotherapy, including group psychotherapy in general and group analysis as a long term psychoanalytic treatment (during about 4-5 years, attendance 1 or twice weekly, 90 minutes session), is the impossibility of creating a control

group, due to unrepeatability of the psychotherapeutic process. Therefore, measuring instruments may be applied only to the observed sample (Vlastelica et al., 2001).

When writing about comparative analyses of group mechanisms Lieberman (1983) says that what makes us measure the therapeutic change is the belief that certain events are characteristic for therapeutic effects, and do not result from certain conditions or influences. The dilemma whether something has been caused by therapy or by something else, can be solved if we can differentiate the patient's report on useful events from the objective improvement measures.

As already known, it is not possible to grasp "the final truth" about nature, since all knowledge will depend on the methodology that was used to produce it. Research in psychotherapy should take into account that man being a biologically driven subject, also seeks meaning and is ruled by intentions and ideals. The traditional approaches that try to grasp these aspects are the quantitative (positivistic) and qualitative (hermeneutic) methods. The quantitative approach is mainly concerned with measures, comparisons, case-effect, and aims to find general associations, links or differences. The qualitative approach is more concerned with coherence and meaning in the data, which often consists of a text, such as personal history (narrative), reports of historical events, or a therapeutic dialogue.

The efficiency of group psychotherapy has been demonstrated through about 60 years of research and in so called "review of reviews" (Fuhriman and Burlingame, 1994) authors stated that "the general conclusion to be drawn from some 700 studies that encompass the years 1970-90, was that the group format consistently produced positive effects with diverse disorders and treatment models". Obviously, it has been difficult to demonstrate differential effects between different type of group approach and between the group format and individual therapy. This can be partly explained by flawed research methodology, and/or dominant effects of unspecific factors in all kinds of psychotherapy.

Some meta-analyses published in 1980s compared the relative efficiency of group therapy versus individual therapy. The conclusions were similar: no reliable differences were found between individual and group treatment (Smith et al., 1980; Tillitski, 1990). But careful investigation of many of those researches will show that no attempt was made to incorporate unique properties deemed therapeutic to the group format (Bloch and Crouch, 1985; Yalom, 1994). So it seems righteously to describe these therapies as "individual therapy in the presence of others" (Fuhrman and Burlingame, 1994) and we still have no any scientific insight in group therapeutic process and dynamics. Some reviews have noted that it is a frequent practice to study group therapy combined with other treatments, which makes it difficult to determine the independent effect of group treatment.

Search for literature in databases (Medline, PsychLit), major journals and references lists has yielded only few studies dealing with long term group psychotherapy and group analysis, but these studies are methodologically weak and the findings are inconclusive. For example, many of them lack a discussion of the impact of life events, which may be important during the long follow-up period. Because of all mentioned above we could find ourselves in some kind of the trap keep asking the questions like this: Can we prove that group psychotherapy, and particularly long term group analytic psychotherapy (group analysis) is an effective treatment?

Problems with outcome (research of efficiency)

Researching psychotherapeutic outcome- the problem arises. The research of psychotherapeutic efficiency, which has been shaped after randomized clinical trials of pharmacological research, has been the main research paradigm for the last more than 30 years. The ideal research is characterized by random assignment of patients to the treatment and control conditions. Patients in one of the groups are then exposed to the treatment within controlled study. The differences between two groups (study group and control group) measured with outcome variables, can then be interpreted as the result of this exposure. Study treatments are managed, therapists are trained and supervised, and their adherence to technique is monitored. The therapies have a fixed number of sessions and are generally very brief, and target outcomes are well operationalized. Patients meet criteria for a single diagnosed disorder, and those with multiple disorders are typically excluded. The fact that patients believe a therapy to be effective or have expectations of gain, may predispose them to experience, or at least, report benefits.

In evaluation of drugs, this is countered by use of a control group that receives placebo, in addition to a no-treatment group. Because of the confounding effect of expectations, both patients and the researchers should be blind to the nature of the drugs taken or given ("double-blindness"). But in the psychotherapy is evident that therapist and patients cannot be "blind" to the procedure they are following, and even independent evaluators are seldom able to avoid exposure to information about the applied treatment. In addition, positive expectations are definitely a central part of every psychotherapy, thus blurring the distinction between specific and non-specific 'ingredients'. These considerations have led many researchers to abandon no-treatment control groups, and compare two or more active treatments in the same study. Such a design however does not address the question such as, for example, of when to add 'specific ingredients' to an existing therapy.

The research of the efficiency and outcome is poorly

suited for the study of long term psychotherapies, such group analysis is. It would be impossible, for ethical and practical reasons, both to establish a control group that did not receive any treatment for several years, and random assignment of patients to alternative treatments that last for several years. Development of a step-by-step manual noting down hundreds of sessions would be also very difficult or artificial. The study of the efficiency (outcome) is therefore a limited method for validating psychotherapy. Such studies omit too many crucial elements of what is done in the field, and that problem cannot be properly resolved. Furthermore, research may therefore underestimate or even miss the value of psychotherapy.

Psychotherapy is self-correcting method of treatment. If one technique is not working, another technique of psychotherapy is usually tried, according to the individual patient's needs and indications, but researching the efficiency is confined to a limited number of techniques and managed to be delivered in a fixed order. Further, patients usually have multiple problems and psychotherapy is geared to relieving parallel and interacting difficulties. Finally, psychotherapy in the field is almost always concerned with improvement in general functioning of patients, as well as amelioration of a disorder or relief from symptoms.

But studies will often be confluent with research in therapies with regular settings, regular patients, and with applied "usual" principles, and most often carried out with observational design.

It is also important to note that many clinicians (therapists) have negative feelings against research being performed on their patients (and them), and they fear that systematic observation and recording of events, without exception, will have a negative influence on the therapy. This may turn out to be so, not necessarily because research per se has a detrimental effect, but because of the therapist's attitude towards it. Often the therapist worrying for his patients hides his own anxiety about letting someone in, from outside, who will survey his work. In psychotherapeutic work the therapist's emotional balance is constantly challenged; technical procedures are not ready-made and they call for risk-taking. If the roles of researcher and therapist are combined in one person, the complexity of the task increases, as the number of events, feelings and attitudes that have to be contained, sorted and commented on - increases. Different personalities will perform differently, according to preferences and personal qualities. However, it is encouraging when the therapist discovered that patients found it helpful to work with some of the measures, tests and so, and that the research procedures did not affect the therapeutic work at all. Most of the patients involved in research project felt they were taken seriously.

Problems of the research of group process

Although there is an agreement that group psychotherapy is an effective treatment for a number of different conditions, many questions remained unanswered, e.g.: Are all kinds of group therapy effective? What kind of patients can profit from different forms of group psychotherapy? Are there specific elements in the group process that lead to change? What kind of therapist's characteristics is required to induce change in patients? (Vlastelica and Urlić, 2004), or: What characteristics do patients who profit from different group modalities have? (Yalom, 1994; Vlastelica et al., 2001), or: How can treatment be optimalized?, etc. Among the most relevant dependent variables in group psychotherapy research is: compliance, development of the group process, attendance, and ultimately treatment outcome.

The questions above can be subsumed under "group process", and it is unavoidable to study the factors as the role of structure of group therapy (particularly pregroup therapeutic experience, leadership or conductor's style, theoretical approach, etc.); patient variables such as demographics, personality, psychopathology, defense mechanisms, etc.; therapist variables such as his personality and professional training;

Therapeutic elements such as aspects of interaction, group development, therapeutic factors, group climate, etc.; length (duration) of therapy, etc.

The structure of group therapy is influenced by a large set of factors: site of group meetings, theoretical orientation, therapist personality, clarity of expectations, regularity and punctuality of sessions, type of conducting (leadership), whether the group is open or closed, or slow-open (as group analysis), etc. Some evidence suggests that pregroup training may contribute to more successful treatment, another source of structure is oriented to therapist's interventions, but the studies have difficulty to clarify the components of that contribution (Lambert, 2004).

Patient characteristics that have been of importance are variables like marital and educational status, duration of psychological problem, expectancy, personality characteristics such as psychological mindedness, ego strength, quality of object relationships, etc. (Yalom, 1994).

Therapist variables mostly interact with other variables and there are mixed results in studies on the effect of personal training of the therapist, but these studies concern outcome of individual, and not group psychotherapy.

A central area within group process research is that of therapeutic elements and particularly therapeutic factors (Bloch and Crouch, 1985; Yalom, 1994, Vlastelica et al., 2001). Therapeutic factors such as insight (or "self-understanding"), interpersonal learning, group cohesiveness etc. have established their potential value in group theory and practice during the last several

decades. These factors are probably comprised of both interpersonal and intrapsychic mechanisms, and determination of their actual effects on patient behavior is still at the exploratory stage.

Problems of validity and reliability

The main question in research is whether a certain approach is effective or not, and which specific factor it is that leads to change. At first this implies the question of causality, and the second the question of statistically significant relationship between two variables (i.e. treatment and effect). This will vary depending on the research issue. Threats to the validity will be violence of statistical assumptions like normal distribution and homogeneity of variance, multiple testing, lack of statistical power, etc. If there is a significant relationship the question is whether the relationship can be interpreted in causal terms as an effect of the independent variable (i.e. treatment) on the dependent variable (i.e. symptom). Or could the same result have been obtained in the absence of treatment? That is the problem of internal validity. There are many threats to internal validity. Different aspects concerning the control group may be problematic, as yet have been said before. Influence from the outside (other factors i.e. life events) could led to the observed change, and that we cannot control as well as we can't control maturation itself (when person "grows" older and wiser). There is also problem of testing material - when tests are performed repeatedly, the subjects become "trained" and that influences the response.

All of mentioned above demonstrated difficulties in research of psychotherapy in general, and in group psychotherapy and group analysis in particular.

Anyway, the notion of validity must not be interpreted as something absolute, but more like demand for quality which one can aim it. Statistical validity is a necessary condition for the rest of the quality requirements, and should be checked first. There will often exist a conflict between different types of validity, and strengthening one may take place at the cost of another.

Conclusions of high validity are dependent on reliable measurement. Reliability is a fundamental way to reflect the amount of error (random and systematic) involved in any measurement. Reliability increases if error variance diminishes. There are different types of reliability such as Test-retest reliability, Interrater reliability, internal consistency reliability usually called Cronbach's alpha used in some group analytic psychotherapy researches (Pavlović and Vlastelica 2008, 2009).

Finally, it is important to mention again the impossibility to research in a way which is possible with randomized clinical trial.

CONCLUSION

Research projects in psychotherapy are usually time consuming and require a high level of clinical and psychotherapeutic competence. Researches in group analytic psychotherapy require additional competence according to specificity of that kind of treatment. Contact between clinicians (psychotherapists, group analysts, etc.) and researchers may be difficult because of the lack of mutual trust and differences in interest. The therapists' worry often serves as a camouflage for the fear of letting someone survey their work. However, it is encouraging when the therapist discovered that patients found it helpful to work with some of the measures, tests and so, and that the research procedures did not affect the therapeutic work at all. Most of the patients involved in research project felt they were taken seriously.

The combined role of researcher and psychotherapist (group analyst) may easily increase the complexity of the therapeutic task, but undoubtedly that role is very challenging and rewarding.

Problems of researches in group psychotherapy in general, and specifically in group analytic psychotherapy can be reviewed as methodology problems at first, validity and reliability problems, as well as problems of outcome (efficiency) and problems of the research of group process.

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