Lavarenne et al (2013)

Lavarenne, Segal, and Sigman (2013) published a clinical case study titled *"Containing psychotic patients with fragile boundaries: A single-session group case study"* in the *American Journal of Psychotherapy*

Abstract

This case study describes a single group psychotherapy session of six individuals suffering from schizophrenia or schizoaffective illness, which was characterized by numerous manifestations of fragile Ego boundaries. Based on these illustrations of fragile Ego boundaries, we explore some of the group's core therapeutic actions against psychosis. We discuss how the group (1) provides access to a structuring auxiliary Ego, (2) acts as a containing object by establishing firm boundaries and by mentalizing patients' psychotic productions, and (3) may become a solid object representation introjected by individuals wrestling with porous Ego boundaries and a poor sense of self. We conclude that, in addition to the known role of group therapy in increasing mature defenses, developing insight and providing social support, the group promotes healthier Ego boundaries, and eventually improves self-differentiation, and also tolerance to interpersonal proximity. This case study clarifies group therapy dynamics with individuals suffering from psychosis.

Background:

The group had been running since 1985 and pre-doctoral psychology interns have trained as group therapists every year since 1997. Group members have attended for various time scales and the leaders' role is to bear the illness with the individual during the session to minimise isolation and allow the individuals to choose their own level of intimacy and closeness during the session. These are a focus as it is suggested by the researchers that separation, isolation, and intimacy are associated with psychological crises. Sessions are not tape-recorded or video-taped but instead coded (since 1998) where the therapists' record:

- Whether members express psychotic, manic, or depressed thoughts and behaviours
- The emotions observed (e.g. joy, anger, anxiety, sadness, guilt)
- Verbal expressions of loneliness, loss, dreams, current or past relationships, humour, illness, activity in their lives, helplessness, hopefulness, hopelessness, sexual preoccupation
- If members make supportive or insightful comments
- If members engaged or participated in the group

Previous assessment of the coded data (over a seven-year period) suggested that when enough time, support and acceptance is offered, participants in the group increase their maturation and functioning in a group setting.

Procedure:

A single session of out-patient group therapy for six individuals suffering with schizophrenia or schizoaffective illness, which was characterized by numerous manifestations of fragile Ego boundaries. The group session usually had 10 members but only six attended the 45 minute

session which was led by the three researchers. They were called the "Thursday Group" as this was the day of the week when they regularly met.

Findings:

The researchers point out that the six members of the group in the single session which the study refers to all had fragile ego boundaries, which were expressed in different ways by the different members of the group.

This is shown in the table below.

Group member	Recorded behaviour	What this reportedly shows/represents
Brett, Schizophrenic, Irish-Catholic, Caucasian	Gave out a Christmas card and calendar.	Wants the group to be linked together and connected to reinforce the group boundary, to help solidify his Ego boundary.
	Divides humanity into black, white, yellow (referring to skin colours) and speaks of threes	To give structure and boundaries to his fragmented inner world during psychotic decompensation.
	Told the group he received a gift of CDs from his sister and would keep it wrapped on the shelf to look at.	Possibly a way of holding himself together for a time over the Christmas holiday.
Earl, Schizophrenic, African American, Born in Texas and lived in Africa with his adoptive American parents before Moving to Canada.	Rejected gifts from Brett.	Earl has an underlying fear of being annihilated and accepting the gift may have triggered fragmentation fears.
	Showed grandiose, delusional ideas about a large-scale multinational engineering project.	The delusion is holding the fragmented pieces of Earl's self together, so symbolises a boundary between Earl's self and the selves of others.
	Claimed to be 'a Falasha' (Ethiopian Jew) after being treated in a Jewish hospital.	He has a porous Ego boundary as he absorbed a false identity.
Deena	Reported having nightmares for which her psychiatrist suggested she be tested for sleep apnoea. She refused and said she preferred her sleep issues to be treated in a 'psychological way'	Her focus between being awake and asleep is blurred and she therefore has a fragile Ego boundary.

	through thinking 'good thoughts' before bedtime.	
Dan	The previous evening had 'an out-of-body experience and was very scared' he would not be able to get his 'spirit back into his body'.	He felt his Ego boundary to be very fragile during this frightening experience.
	Showed the group burns on his arms he had got from being distracted while cooking. He was currently trying to cope with a change in nature of his relationship with his girlfriend (a former fiancée).	He felt his Ego boundary to be extremely fragile and was asking for the boundaries of his relationship to be clearly defined.
Dillon	Agreed with a former member from a previous session about people staying in his house (an Aunt had moved in with the previous member), and that over Christmas he would struggle to cope with relatives staying. He suggested he would cope by going for a walk or shovelling snow.	His ability to be aware of how much closeness he could tolerate shows insight. The limited tolerance to personal space and closeness indicates a fragile Ego boundary.
Andy, a sexually repressed and very competent mother of a daughter	Was offended by sexual references a former member had stated during a previous session. It is noted that she copes by swimming rigorously each day and limits her food intake, and she also helps several young relatives with homework each day after school.	The self-sacrificing and restrictive behaviours enables her to deal with her fragile Ego boundaries.

Conclusions:

The conclusion made by the authors regarding the session is that each group member struggles daily with the environmental, social, and biological factors in their schizophrenia. They report that the sessions enable development of stronger Ego defences for each member through object relations, which enables a relationship between 'self' and 'others' to form.

The authors saw their role as allies to the patients and that the group can serve as a buffer to prevent psychological crises which may lead to subsequent breakdown and rehospitalisation. In this way the group is serving as 'an auxiliary Ego-structuring mechanism' to offer the members a stabilising force and promote psychological growth. Secondly the groups acts as containing object by establishing firm boundaries and by mentalising patients' psychotic productions, and finally the group may become a solid object representation introjected by individuals wrestling with porous ego boundaries and a poor sense of self.

Evaluation:

This study has high ecological validity and collected rich, in-depth qualitative data regarding complex therapeutic processes.

However, there was a very small sample size (n=6), which limits generalisability. There was also the risk of potential researcher bias.