Original Article

Changes in Interpersonal Problems and Ego Defenses in a Group Psychotherapy Setting

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Background: The aims of the current study are to evaluate changes in interpersonal relations and in ego defenses and to find possible relations between such changes and changes in different group factors.
Subjects & Methods: Eleven patients participating in a group psychotherapy program were assessed using the Interpersonal Problems Scale and the Ego Defenses Scale to determine personal changes. Group changes were assessed using the California Psychotherapy Alliance Scale (CALPAS), Group Climate Questionnaire-Short form (GCQ-S), Curative Climate Instrument. The study continued for six months.
Results: The results of the study showed significant change in individuals vulnerability to be easily influenced by others (P=0.04) whereas, ego defenses changed significantly as evidenced by the decrease in immature defenses particularly acting out and dissociation (P= 0.02; P= 0.02 respectively). Multiple correlations were found between changes in interpersonal problems and ego defenses and group alliance, group climate and curative climate in the group.
Conclusion: Group psychotherapy is effective in bringing about changes in patients involved in that mode of treatment. These changes are both affected by and reflected on different group factors particularly alliance, engagement and cohesion.

Keywords: Group psychotherapy; Interpersonal problems; Ego Defenses; Group Climate.

Abbreviations:
IIP-32= Inventory of Interpersonal Problems
DSQ-40= Defense Style Questionnaire
CALPAS= California Psychotherapy Alliance Scale
GCQ-S= Group Climate Questionnaire-Short form

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INTRODUCTION

Budman, et al. (1987) presumes that group therapy has curative possibilities that are indigenous to the group treatment mode. According to this theory, the group becomes a “Social microcosm” of the outside world in which maladaptive inter-personal patterns are replayed, recognized, and acknowledged. As group members reenact their interpersonal difficulties in the group, they are likely to receive disconfirming evidence about the beliefs that are causally related to mal- adaptive interactions. This provides individual group members with a unique opportunity to become aware of problematic inter-personal behaviors and to experiment with new, more effective ones. Kelly, (2000) concluded that the ultimate goal of group experience is to promote the prosocial interactions and reduces the problem behavior.

Defenses are major means of managing instinct and affect. Although they are adaptive in nature, they can as well be pathological (Vaillant, 1988). The impact of patients’ defense mechanisms on group alliance was stressed by Despland, et al. (2001). These authors carried out a study to assess the relationships among defense mechanisms, therapist interventions, and the development of alliance in a sample of 12 patients undergoing Brief Psychodynamic Investigation (4 sessions). The results showed that the degree of adjustment of therapists’ interventions to patients’ level of defensive functioning discriminated a low alliance from both improving and high alliances. The results suggest that the adjustment of therapeutic interventions to patients’ level of defensive functioning is a promising predictor of alliance development and should be examined further, alongside other predictors of outcome.

SUBJECTS AND METHODS

The material used in the current study is driven from the psychotherapy group conducted in EL-Minia university hospital. EL-Minia psychotherapy groups are divided into either male group (Formed of exclusively male patients) or female groups (Formed exclusively of female patients). This division was undertaken for cultural considerations. Data reported in the study was taken from the male psychotherapy group. Sessions are held once weekly for a period of 90 minutes and is followed by post group discussion for additional 60 to 90 minutes.

Procedures and scales used:
The study was held between the 12th of November 2000 (Session No. 1) and the 6th of May 2001 (Session No.24) the total duration of the study was six months.

The twenty four successive sessions were tape recorded and all group members have given their consent as regard these recordings. All the recorded data were transcribed on a notebook specific for each session.

The following scales were used:

1. Inventory of Interpersonal Problems (IIP-32) (Barkham, et al. 1996)
2. Defense Style Questionnaire (DSQ-40) (Andrews, 1993)
3. California Psychotherapy Alliance Scale (CALPAS) (Gaston, 1991)
4. Group Climate Questionnaire-Short form (GCQ-S) ((MacKenzie. 1983)
5. Curative Climate Instrument (Fuhriman, et al. 1986).

The first two scales were applied after sessions number 1, 6, 12, 18, and 24. The last three were applied after each session.

Description of Patients:

The total number of the patients attending the group during the period of the study was 20. Eleven patients (55%) of them attended more than 12 (50%) of the investigated group sessions, while the others attended less than 12 (50%) of group sessions and, therefore, were excluded from this study. A brief description of the patients included in the study is given in (Table 1).

Table 1: Description of patients included in the study (N=11):

Age: Mean=25.7 SD=7	
Education	
College graduate=3 patients (27.18%)	College students=8 patients (82.8%)
Marital State	
Married=2patients (18.18%)	Single=9 patients (81.9%)
Main Diagnostic Categories	
Mood disorders	Number=4 (36.3%)
Anxiety disorders	Number=4 (36.3%)
Schizophrenia	Number=2 (18.18%)
Schizotypal disorder	Number=1 (9%)

RESULTS

I-Interpersonal Problems Scale

(Table 2) shows the results of Paired Sample T-test comparing the interpersonal problems as assessed at the beginning and the end of the study period. At the end of the study period, there was a change in the interpersonal problems. Patients showed decrease in the scores on the following variables: too controlling, too caring, hard to be supportive, and too easy influenced. However, the only change that was statistically significant was in the sub-item of "Too easy influenced" (p<.04).

Table 2: Comparison between results of Interpersonal Problems Scale at the Start and the End of Study Period:

Sub-item	Session 1 Mean (±SD)	Session 24 Mean (±SD)	T	P
Too Controlling	7.1 (±3.8)	6.2 (±3.1)	.905	.4
Hard to be assertive	6.6 (±1.1)	7 (±3.8)	.35	.7
Too involved	7. (±1.5)	7.8 (±2.6)	-.316	.8
Hard to be sociable	7 (±2.5)	7.4 (±3.5)	-.285	.8
Too caring	9 (±3)	8.2 (±3.9)	.831	.4
Hard to be supportive	8.2 (±3.1)	6.7 (±3.3)	.101	.3
Too easy influenced	**8.1 (±2.3)**	**6.2 (±3.1)**	**.313**	**.04***
Hard to trust others	6.6 (±2)	6.7 (±3.3)	-.093	.9

II-Ego Defenses Scale

The comparison between ego defenses at the start and the end of the study period is demonstrated in (Table 3). By the end of the study period, there was an overall decrease in endorsing immature defenses, as evidenced by a tendency toward statistical significance (t=2.129, p <0.06). The immature defenses dissociation and acting out showed a statistically significant decrease (p<.02). There was also a decrease in passive aggression, somatization and autistic fantasy. However, the results did not reach the level of statistical significance. As for the mature factor, there was an increase in sublimation, which did not reach the level of statistical significance.

Table 3: Comparison between results of Ego Defense at the Start and the End of Study Period:

Defense	Session 1 Mean (±SD)	Session 24 Mean (±SD)	T	P
Mature factors	43.2 (±8.6)	42.9 (±6.4)	.149	.9
Sublimation	10.2 (±5.3)	11.6 (±4.6)	-1.282	.2
Humor	12.3 (±3.5)	12 (±3.6)	.307	.8
Anticipation	12 (±3.4)	11.2 (±3.1)	.553	.5
Suppression	8.6 (±4.7)	8 (±3)	.451	.7
Neurotic factors	46.5 (±8.7)	45.1 (±9.4)	.699	.5
Undoing	12 (±3.4)	11.8 (±3)	.163	.9
Pseudo altruism	13 (±3.1)	13 (±2.7)	.000	1.
Idealization	10.4 (±4.4)	9.4 (±4.8)	1.082	.3
Reaction formation	10.9 (±5.1)	10.8 (±4.4)	.078	.9
Immature factors	**136.5 (±3.5)**	**119 (±5.8)**	**2.129**	**.06†**
Rationalization	13.6 (±2.8)	12.2 (±1.1)	.841	.4
Projection	11.2 (±3.1)	9.8 (±4.1)	.820	.4
Denial	8.1 (±4.2)	8.5 (±4)	-.290	.8
Dissociation	**10 (±4.5)**	**8.1 (±4.8)**	**2.654**	**.02***
Devaluation	12 (±3.1)	11.3 (±3.5)	.456	.7
Acting out	**15.2 (±2.8)**	**11.8 (±4.5)**	**.2.932**	**.02***
Somatization	13.5 (±3.9)	12 (±4.2)	1.396	.2
Autistic fantasy	13.2 (±4.6)	11.9 (±4.7)	1.360	.2
Splitting	11 (±3.4)	9.9 (±4.1)	.873	.4
Passive aggression	10.6 (±4.3)	7.8 (±3.1)	1.658	.1
Displacement	8.3 (±2.9)	7.3 (±4.1)	.913	.4
Isolation	9.3 (±3.3)	8 (±3.5)	.942	.4

III- Group Measures scales (California Alliance, Curative Climate and Group Climate Scales)

(Figures 1, 2 and 3) shows changes in different group aspects as measured by the California Alliance scale, the Curative Climate Scale and the Group Climate Questionnaire. It could be seen that different aspects fluctuated over the course of the study. Factors in the California Alliance Scale showed an early increase in the first two time periods (Session1 and 6) followed by a slight decrease. Whereas, factors in the Group Climate Scale showed more fluctuations with a final increase in engagement, decrease in conflicts and slight increase in avoidance. Lastly, the curative climate scale showed a final increase in insight and less fluctuation in catharsis and cohesion.

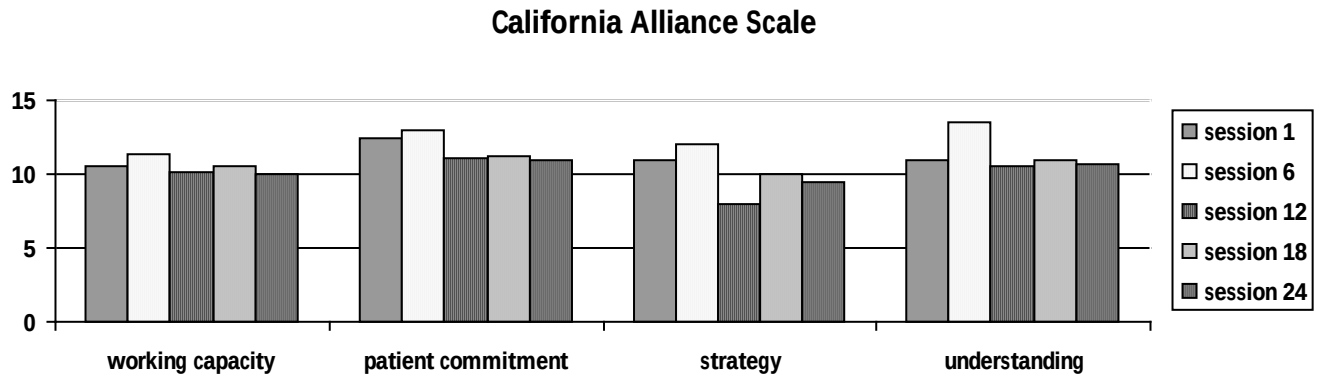

Fig. 1: Change in the California Psychotherapy Alliance Scale across Sessions.

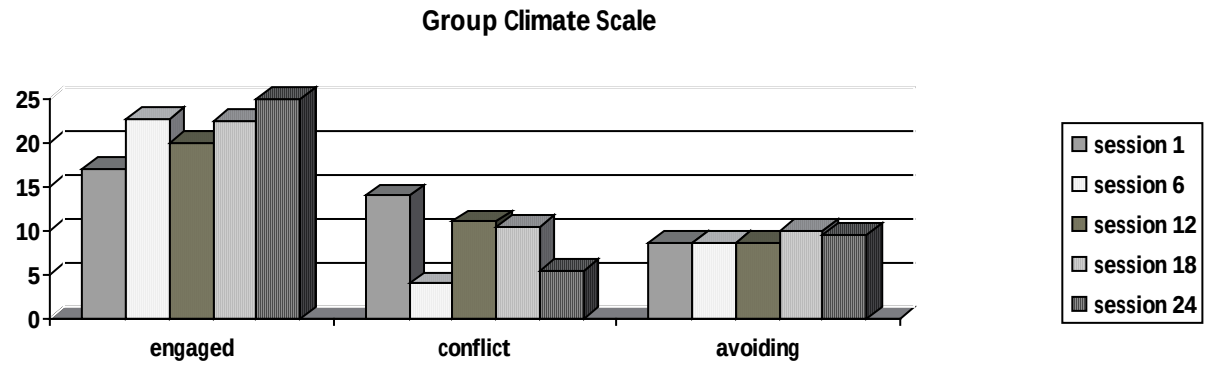

Fig. 2: Change in the Group Climate Questionnaire across Sessions.

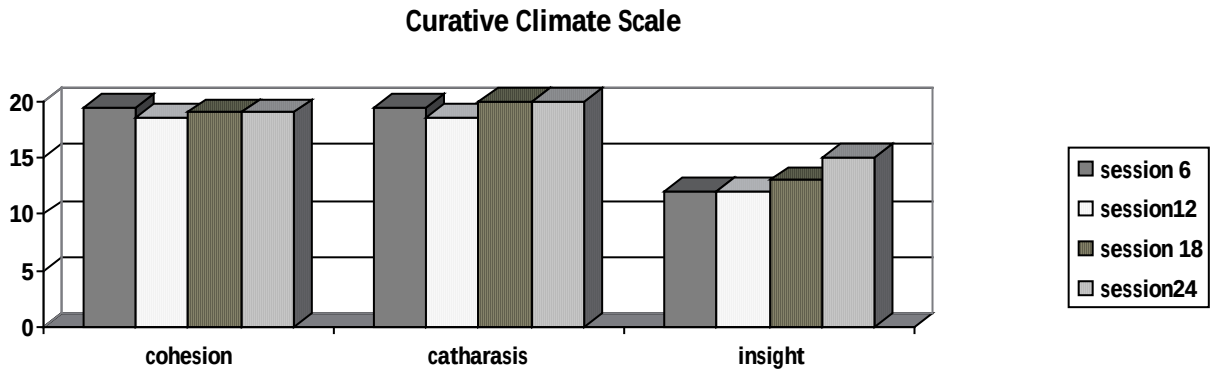

Fig. 3: Change in the Curative Climate Inventory across Sessions.

IV- Correlation between Interpersonal Problems Scale and group measures scales (Alliance, group climate, curative climate).

(Table 4) demonstrates different correlations between the Interpersonal problems scale and different group measures scales namely; the California Psychotherapy Alliance Scale, Group Climate Questionnaire Scale, Curative Climate Instrument Scale.

Table 4: Correlation between Changes in Interpersonal Problems and Changes in Group Measures:

Interpersonal Difficulties	California Psychotherapy Alliance Scale								Group Climate scale						Curative Climate scale					
	Working capacity		Commit ment		Working strategy		Understanding/ involvement		Engaged		Conflict		Avoiding		Cohesion		Catharsis		Insight	
	r	P	r	P	r	P	r	P	r	P	r	P	r	P	r	P	r	P	r	P
Too controlling	.20	.5	.19	.6	.11	.7	**.59**	**.06†**	**.53**	**.09†**	.42	.2	-.27	.4	.48	.1	.15	.6	.11	.7
Hard to be assertive	-.41	.2	-.19	.6	-.14	.7	.25	.4	.08	.8	.31	.3	.25	.4	.25	.4	.05	.9	-.23	.5
Too Involved	-.47	.1	.29	.4	.01	.9	.13	.7	**.61**	**.04***	.42	.2	**-.56**	**.07†**	**.60**	**.04***	**.65**	**.03***	**.57**	**.06†**
Hard to sociable	**-.66**	**.03***	-.33	.3	-.49	.1	-.32	.3	-.35	.3	.39	.2	.13	.7	-.31	.3	-.21	.5	-.24	.5
Too caring	**.71**	**.01***	-.21	.5	.09	.8	-.07	.8	.20	.5	.19	.6	**-.72**	**.01***	.27	.4	**.57**	**.07†**	**.53**	**.09†**
Hard to be supportive	**-.68**	**.02***	-.49	.1	-.30	.4	-.45	.2	**-.59**	**.06†**	.27	.4	.05	.8	-.45	.2	-.35	.3	-.31	.3
Too easy influenced	-.35	.3	-.17	.6	-.26	.4	**-.54**	**.08†**	-.09	.8	.25	.4	**.58**	**.06†**	-.09	.8	.12	.7	.01	.9
Hard to trust others	**-.53**	**.09†**	-.35	.2	-.28	.3	-.34	.3	-.25	.5	**.52**	**.09†**	-.00	.9	-.35	.3	-.17	.6	-.08	.8

- *Statistically Significant
- † Tendency towards significance

As regards correlations between Interpersonal Problems scale and the California Psychotherapy Alliance Scale, negative correlation between was found between patient working capacity and hard to be sociable (r=-.660; P<.03), and with hard to be supportive (r=-.685; P<.02). On the other hand there was a positive correlation between patient working capacity and too caring (r=.714; P<.01). A negative tendency toward statistically significant was found between patient working capacity and hard to trust other/too revengeful (r=-.536;P<.09).

On the other hand, correlations between Interpersonal Problems scale and the Group Climate Questionnaire Scale showed statistically significant positive correlation between patients engagement in the group and too involved (r=.610, p<.04) and negative correlation between avoidance and too caring (r=-.726, p<.01). There was positive tendency toward statistical significance between patients engagement and too controlling (r=.539, p<.09), between conflict and hard to trust others (r=.522, p<.09), and between avoiding and too easy influenced (r=.589, p<.06).

Finally, correlations between Interpersonal Problems scale and the Curative Climate Instrument Scale revealed a positive correlation between too involved and cohesion (r=603, p<.04) and catharsis (r=.659, p<.03). There was a positive tendency towards significance between catharsis and too caring (r=.570, p<.07) and between insight and both too involved and too caring (r=578, p<.06; r=.537, p<.09).

V- Correlation between Ego Defenses scale and group measures scales (Alliance, group climate, curative climate).

(Table 5) demonstrates different correlations between the Ego Defenses scale and different group measures scales namely; the California Psychotherapy Alliance Scale, Group Climate Questionnaire Scale, Curative Climate Instrument Scale.

As regards correlations between Ego Defenses Scale and the California Psychotherapy Alliance Scale, a statistically significant negative correlation between patient working capacity and both rationalization (r=-.726, p<.01) and isolation (r=-.674, p<.02) were found. On the other hand, humor showed a positive correlation with patient working capacity (r=.709, p<.01) and with member understanding and involvement (r=.634, p<.04). There was a positive tendency toward statistically significant between mature factors and member understanding and involvement (r=578, p<.06).

Concerning correlations between Ego Defenses Scale and the Group Climate Questionnaire Scale a statistically significant positive correlation between engaged and pseudo altruism (r=.630, p<.04) and between conflict and both of undoing (r=.765, p<.01) and immature factors (r=.645, p<.03) were found. On the other hand, there was a negative correlation between avoiding and projection (r=-.663, p<.03). There was positive tendency toward statistically significant between conflict and acting out (r=571, p<.07), splitting (r=.595, p<.06) and isolation (r=.598, p<.06).

Finally, correlations between Ego Defenses Scale and the Curative Climate Instrument Scale revealed a statistically significant positive correlation between insight and both of sublimation (r=.790, p<.004) and mature factors (r=.674, p<.02) and between catharsis

Table 5: Correlation between Changes in Ego Defenses and Changes in Group Measures:

	California Psychotherapy Alliance Scale																	
Ego defenses	**Working capacity**		**Commit ment**		**Working strategy**		**Understanding/ involvement**		**Engaged**		**Conflict**		**Avoiding**		**Cohesion**		**Catharsis**		**Insight**	
	r	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**	**r**	**P**
Mature factors	-.10	.7	.14	.7	.04	.9	**.57**	**.06†**	.29	.4	.27	.4	.07	.8	.27	.4	.48	.1	**.67**	**.02***
Humor	**.7**	**02***	.09	.8	.08	.8	**.63**	**.04***	12	.2	.00	.9	**-.5**	**.07†**	.06	.8	-.13	.7	-.22	.5
Sublimation	-.16	.6	.0 1	.9	.19	.6	.05	.8	.37	.3	.06	.8	.44	.2	.46	.1	**.8**	**.002***	**.7**	**.004***
Anticipation	-.42	.2	.34	.3	-.32	.3	-.17	.6	.00	.9	.39	.3	-.18	.6	-.36	.3	**-.5**	**.09†**	-.16	.6
Neurotic factors	-.4	.1	.08	.8	-.38	.2	.07	.8	.10	.8	.51	.1	.10	.8	.19	.6	-.01	.9	-.25	.4
Undoing	**-.5**	**08†**	-.00	.9	-.18	.6	-.14	.7	.01	.9	**.7**	**01***	.14	.7	-.04	.9	-.15	.6	-.00	.9
Pseudo altruism	-.17	.6	.49	.1	-.03	.9	.52	.1	**.6**	**04***	.2	.4	-.06	.8	.21	.5	.05	.9	.05	.9
Immature factors	-.3	.3	.20	.5	-.23	.5	.02	.9	.10	.8	**.6**	**.03***	.01	.9	-.05	.9	-.30	.3	-.29	.4
Rationalization	**-.7**	**01***	.24	.5	.27	.4	.44	.2	.31	.3	-.42	.2	-.41	.2	.31	.3	.10	.8	.08	.8
Dissociation	-.02	.9	.17	.6	.46	.1	.08	.8	.12	.7	-.22	.5	.52	.1	.43	.2	.31	.3	.45	.2
Devaluation	**-.5**	**. 07†**	-.29	.4	-.22	.5	.24	.5	-.33	.3	.36	.3	.40	.2	.16	.6	.00	1.	-.20	.5
Acting out	**-.5**	**.06†**	-.10	.8	-.31	.3	-.32	.3	-.2	.5	**.5**	**07†**	.3	.3	.02	.9	-.05	.8	-.14	.6
Displacement	**-.5**	**08†**	.00	.9	-.04	.9	-.34	.3	-.33	.3	.47	.1	.42	.2	-.15	.7	-.25	.4	-.19	.5
Isolation	**-.6**	**.02***	.20	.6	-.00	.9	-.09	.8	.18	.6	**.5**	**.06†**	.3	.3	-.05	.8	-.15	.6	.17	.6
Projection	.09	.8	-.29	.4	-.21	.5	.15	.6	-.13	.7	.28	.4	**-.6**	**.03***	-.11	.7	.01	.9	-.15	.6
Splitting	-.41	.2	.00	.9	-.11	.7	.03	.9	-.1	.6	**.5**	**06†**	-.06	.8	-.14	.7	-.4	.2	-.27	.4
Passive aggression	-.31	.3	-.11	.7	-.28	.4	-.18	.6	-.35	.3	.25	.4	-.20	.5	**-.62**	**04***	-.49	.1	**-.53**	**.09†**

- * Statistically Significant.
- † Tendency towards significance.

and sublimation (r=.820, p<.002). On the other hand, there was negative correlation between cohesion and passive aggression (r=-.628, p<.04). Finally, there was negative tendency toward statistical significance between catharsis and anticipation (r=-.543, p<.09) and between insight and passive aggression (r=-.531, p<.09).

DISCUSSION

The interpersonal problems between the members who participated in this study were assessed by the inventory of interpersonal problems (IIP-32) (Barkham,et al. 1996). The change in the interpersonal problems was assessed through comparing between interpersonal problems at the beginning and at the end of the study period. This pre-post designed method to assess the therapeutic change provides information on how much change has occurred but do not address the rate of this change (Gibbons, et al. 1993).

With the group progression there was a change in the inter-personal problems at the end of the study period as the patients became less regarding the following sub-items: too controlling, too caring, hard to be supportive, and too easy influenced. It is noticed that the only category with change in both poles was that of the nurturance indicating a possibly more balanced interpersonal situation regarding the process of mutual giving. This is in line with Dickoff and Lakin, (1963) who found that more than half of the patients indicated that the primary mode of help in group therapy is through mutual support. However, in the current study the only change that was statistically significant was in the sub-item of “Too easy influenced” (p=.04), indicating that patients became significantly less suggestible in interpersonal relationships. These results are in line with the view of Kelly, (2000) who postulated that the group experience promotes the prosocial interactions and reduces the problem behavior.

In the current study defense mechanisms were assessed using Ego Defenses Scale. It was found that by the end of the study period, the group members endorsed less immature defenses, indicating a more mature coping style, as well as growth due to the therapeutic impact. The two specific immature defenses that became significantly less were dissociation and acting out. The change in case of the former is related to reality testing, while in the latter it indicated more adaptive coping with aggressive impulses. This supports the view of Kanas, (1993) who stated that strengthening of ego functions is a main objective of group therapy; according to him patients through group gradually corrected their ego function deficits and gained mastery over their lives.

The results of the correlation studies showed multiple relations between group processes over the duration of the study, as expressed by mean scores, and changes in interpersonal problems at the end of the study period

Correlations between Therapeutic Alliance and change in Interpersonal Problems sub-items, showed that patient`s capacity to work in the group was the most correlated alliance domain with interpersonal change. This capacity improved when the Interpersonal Problems scale showed that patients became more caring, less hard to; trust others, to be sociable, and to be supportive. Engagement and member understanding and involvement were associated with more controlling tendency, which might reflect the trial toward a more control over interpersonal relationships.

As regards correlation between change in interpersonal problems and group climate, the two domains that were affected were patient`s engagement and avoidance. The two domains apparently represent two opposite poles however changes in interpersonal factors correlating with each domain were different. While engagement was related to changes in the degree of involvement, ability to support and controlling tendencies, avoidance was related to changes in the ability to care, susceptibility to be influenced and degree of involvement. Thus although it would be expected that opposing domains are logically influenced by the same factors changing in direction and magnitude this was not true. This finding highlights the difficulty in studying personal changes where different underlying factors might affect a measured phenomenon in an unexpected way.

As regards correlation between curative climate and change in Interpersonal problems, cohesion, catharsis and insight were all related to the change in patient`s degree of involvement, while the change in the degree of caring were related to catharsis and insight.

From the previous correlations it could be noticed that the most two important interpersonal problems change correlated with group process, as measured by different scales, were that of caring and involvement abilities. Thus group therapy could be viewed as mainly affecting individual`s ability to care and become involved with others which in turn improved there working capacity, degree of involvement and understanding and affected insight and group cohesion as a whole. These findings are in line with those of Dickoff and Lakin, (1963) who reported that social support and group cohesiveness were considered the most important therapeutic mode and also the findings of Yalom, (1975) who reported that change in group psychotherapy occurs through interpersonal learning and change, catharsis, and group cohesiveness.

As regards correlations between Ego Defenses and alliance the two domains of the alliance scale that were most correlated with changes in ego defenses were that of individuals working capacity and individuals

understanding. The higher the working capacity is the lower the rationalization and isolation of affect. This reflects the therapeutic intervention adopted in the group sessions aiming at encouraging emotional expression and avoiding rationalization. Lieberman, 1973 in their study on therapeutic factors in group psychotherapy concluded that emotional experience and expression are most essential for the group to function. In the current study working capacity also correlated positively with humor. On the other hand, the more the working capacity, the lower the neurotic defense of undoing and the immature defenses of devaluation, acting out and displacement. In other words, the individual's working capacity and understanding were related to a less immature, and consequently more adaptive coping style.

The group climate factors also had influenced the defense style by the end of the group study period, with a significant correlation between engaged and pseudo altruism. Although this defense is considered neurotic by Andrews, et al. (1993), it is labeled as altruism and is categorized as a mature defense by other researchers (Vaillant, 1988).

A higher conflict was associated with undoing, indicating that this was the mechanism endorsed to deal with the conflict. It could be associated with trial to manage aggressive tendencies through being nice to, and therefore accepted by, the group members.

Catharsis and insight correlated positively with sublimation and the mature factor as a whole, indicating the role of these two factors in endorsing a more mature coping style. On the other hand, the higher the cohesion and insight, the lower the passive aggression, is.

This study has its limitations first, the small size of the sample and the relatively short period of the study. However, small size of study sample does not preclude the basic aim of this study which is predominantly explorative and descriptive rather than controlled and comparative. Second: the sample being formed only of male patients, which limits the generalization of the results to involve both male and female gender. Finally, it was difficult to assess the fine effective change in the group therapy by means of the rating tools.

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الملخص العربى

التغير فى الصعوبات فى العلاقات الشخصية والأساليب الدفاعية فى سياق العلاج النفسى الجمعى

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يعد العلاج النفسي الجمعي أحد أساليب العلاج النفسي الهامة والتي تهدف الى إحداث تغيير في الأعضاء المشاركين فى هذا النوع من العلاج. يعتبر قياس تأثير هذا النوع من العلاج على الصعوبات فى العلاقات الشخصية وأساليب الدفاع من المحاور الهامة لقياس الأثر العلاجي لهذة الخبرة.

أهداف البحث:

يهدف هذا البحث الى تقييم التغير فى الصعوبات فى العلاقات الشخصية وكذا التغير فى أساليب الدفاع للمشاركيين فى مجموعة علاجية مع محاولة إيجاد علاقة بين هذه التغيرات وبعض العوامل فى المجموعة العلاحية.

منهج البحث:

تم تقييم أحدى عشر مريضاً من المشاركين فى برنامج للعلاج النفسي الجمعي عن طريق استخدام كل مما يلي: مقياس الصعوبات فى العلاقات الشخصية، اختبار الأساليب الدفاعية، مقياس كاليفورنيا للتضامن فى العلاج الجمعي، استبيان الجو العام للمجموعة ومقياس البيئة العلاجية.

نتائج البحث:

أظهرت النتائج فروق ذات دلالة إحصائية للأفراد المشاركين فى البحث فيما يخص مدى تأثرهم بالأخرين فى حين تغيرت أساليب الدفاع بشكل ذا دلالة إحصائية فيما يخص الإنفصال والإندفاع. كما أظهرت الدراسة علاقات متعددة ذات دلالة إحصائية ما بين التغير فى الصعوبات فى العلاقات الشخصية وأساليب الدفاع من جهة وعوامل المجموعة من جهة أخرى.

الخلاصة:

العلاج النفسي الجمعي له القدرة على إحداث تغير فى المرضى المشاركين فى هذا النوع من العلاج. هذه التغيرات أثرت على وتأثرت بالعوامل المختلفة فى المجموعة خاصة الترابط والتضامن.