

THE METHOD OF RELATION ANALYSIS IN SMALL PSYCHOTHERAPY GROUPS OF PSYCHOTIC PATIENTS

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The application of methods which study the interpersonal relations within small psychotherapy group enables the study of phenomena which reflect the specific nature of the processes related to the disorder and can significantly contribute to the improvement of psychotherapeutic techniques. The relation analysis method which combines the traditional sociometric questionnaire and the test of social perception was used in the study to compare the six small psychotherapy groups of paranoid patients (a total of 52), who made up the experimental group, with a control group consisting of five small psychotherapy groups of schizophrenic patients (a total of 30 patients). The sociometric questionnaire was constructed for the three selection criteria, and the test of social perception included two questionnaires for the evaluation of autoperception and the collective perception of intelligence and social status. All of the questionnaires were adapted and were used for the first time for research purposes within psychotherapy groups of psychotic patients. The obtained results clearly reflect the same characteristics of various processes of the disorders (paranoid and schizophrenic), while the objectified differences indicate the possible modifications of psychotherapeutic techniques adapted precisely to these differences. *Acta Medica Medianae* 2016; 55(3): 21-26.

Key words: group psychotherapy, small group psychotherapy, relational analysis method

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Introduction

Objectivization of the process in small psychotherapy groups was for a long time subordinate to the focus on therapeutic effects. The redirection of attention to the group processes opened up the possibility of using acknowledged techniques (such as the sociometric ones), which had previously not been used at all or had been used insufficiently in the study of group psychotherapy (1). The need to understand the problem of perception, awareness and the experience of interpersonal relations conditioned the development of suitable methods which reveal the adequacy of the representations of group members regarding mutual relations. Small psychotherapy groups purposefully do not have occupational tasks which are often a form of defense from the most intimate interpersonal interactions,

and the multiplication of the transfer situation allows for the development of differentiated systems of position under the influence of affective relations which develop among the group members. In terms of Moreno's preferences, certain proclivities and rejections are formed regarding the structure of the emotional relations with the small group, made up of leadership, popularity, isolation and rejection (2, 3). A member of the small group, on an individual plain, perceives the other members individually and in interpersonal relations. On the same plain, autoperception is realized as well, which he/she then uses to evaluate his/her own position, status and role in the group. On the other hand, on the intergroup plain, as the result of all individual social perceptions, a special category of collective perception emerges. It represents the way in which the group sees each of its members and in that sense is a kind of „public opinion“ of the group. The object of study is the individual, and the observers are all the other group members (4, 5).

Aim

The aim of the paper was, using the method of the relational analysis which so far had not been used in small psychotherapy groups, to compare the means of autoperception and the perception of others in various groups (schizophrenic and paranoid patients) and note the differences which

are the result of two different natures of the illness processes. The individual plain of perception is also correlated with the intergroup plain (collective perception) which itself carries the features of the specific natures of the studied processes.

Method

We compared six small psychotherapy groups of paranoid patients from the nosological categories of paranoid schizophrenia, paranoid psychosis and paraphrenia (a total of 52 patients) with a control group of schizophrenic patients from the nosological category of schizophrenia, except for paranoid schizophrenia (a total of 30 patients). The research was carried out at the Clinic of Psychiatry of the Clinical Center Niš over a period of two years.

The selected method of relational analysis combines the traditional sociometric questionnaire and the test of social perception. It enables the subject not only to make selections, but also to anticipate his/her own position through the supposed choices of others. This is how we discover the assumption of oneself as the selection of others, that is, a part of one's self-concept, i.e. autoperception, is discovered. The comparison of the real and the assumed (perceived) sociometric status offers insight into the extent of the autoperception and self-evaluation, as well as the level of the expectation in the interpersonal plain (6).

The following measuring instruments were used:

1. The sociometric questionnaire – is the original Moreno method for measuring the relevant dimensions of the structure and functioning of the group (7). It is a widely accepted instrument for the study of interpersonal relations in small groups. The traditional sociometric questionnaire was constructed according to the sociometric rules of three selection criteria. The selection criteria referred to the basic group activities and were so formulated as to have a clear meaning for each group member. No limitations were made in terms of the number of choices that each group member makes.

2. The test of social perception consists of two questionnaires:

A questionnaire for the evaluation of autoperception and collective perception of intelligence, and a questionnaire for the evaluation of autoperception and collective perception of social status (8).

The questionnaires were distributed to the patients one day following the regular group meeting of the small group in order to avoid the immediate influence of any possible events and affectations during the psychotherapy sessions on the current evaluation.

For each group of paranoid and schizophrenic patients, the data were organized in terms of the positive and negative selections from the sociometric questionnaires entered into two-dimensional sociometric matrices, and the results of

the places of selection on the tests of social perception were inserted into two-dimensional matrices for the collective perception of intelligence and social status. For each group from the sociometric matrices, the following individual and group sociometric indices were calculated:

1. The index of social status (ISS) – represents the difference between the obtained positive and negative votes ($ISS = x - y$).

2. Indices of collective perception:

- a) The index of ascribed intelligence (IPI) – represents the difference in the sum of positive and the sum of negative evaluations for the six extreme evaluations (the first three and last three items of the questionnaire for the evaluation of perception of intelligence).

- b) The index of ascribed social status (IPSS) – represents the difference in the sum of positive and sum of negative evaluations of the six extreme evaluations (the first three and last three places in the questionnaire for the evaluation of perception of social status) (9).

The determination of autoperception and collective perception of intelligence and social status was carried out by positioning real ranges in relation to the ascribed ranges.

Real ranges were determined:

1. For autoperception and collective perception of intelligence from the real coefficient of intelligence (IQ);

2. For autoperception and the collective perception of social status from the index of social status (ISS). This index represents the difference between the obtained positive and negative votes $ISS = (x - y)$.

The ascribed ranges were obtained in the following manner:

1. For autoperception of intelligence and social status, ranking was performed based on the position that the patient ascribed to himself/herself for these two selected criteria;

2. For the collective perception of intelligence and social status, the ascribed ranges were determined based on:

- a) The index of ascribed intelligence (IPI) – this index represents the difference in the sum of the positive and the sum of the negative evaluations of six extreme evaluations obtained from the questionnaire for the evaluation of intelligence;

- b) The index of ascribed social status (IPSS) – this index represents the difference between the sum of the positive and sum of the negative estimations of six extreme evaluations on the questionnaire for social status (10).

The difference between the real and ascribed ranks represents autoperception or collective perception of these two criteria: intelligence or social status (correct perception is considered to be the values of the difference ranging from -1 to +1). (11, 12)

In addition to the obtained characteristics of interpersonal relations and social perception of individual groups, we carried out the analysis of

correctness of autoperception and collective perception of groups of paranoid and schizophrenics as a whole.

The statistical analysis was carried out based on the percentage of the frequency of evaluations (correct, overestimated and underestimated) and the correlation analysis (according to the Galton and Pearson method) for the determination of the correlation between real and perceived ranges.

Results

The autoperception of intelligence in small groups of paranoid patients shows a persistent evaluation of one's own intelligence in all groups (Table 1). The collective analysis of the autoperception of intelligence for all the groups indicates that 22.41% of the members correctly evaluated their intelligence, 12.07% underestimated it, while 65.52% overestimated their intelligence. The collective perception of intelligence in groups of paranoid patients indicates a balance between underestimation and overestimation (Table 1).

The sum of the analysis of the collective perception of intelligence in groups of paranoid patients indicates a balance between correct evaluations (34.48%), underestimation (31.03%) and over-estimation (34.48%).

In small groups of schizophrenic patients, autoperception and collective perception of intelligence indicates a significantly greater percentage of correct estimations (Table 2), with a relative balance between underestimation and overestimation of intelligence. The sum analysis of autoperception of intelligence in small groups of schizophrenic patients indicates 40% of correct estimations, 27.50% of underestimations and 32.50% of overestimations. The sum analysis of collective perception of intelligence in these groups yielded similar results (37.50% of correct evaluations, 32.50% of underestimations and 30% overestimations).

The correlation analysis indicates a significantly greater connection between the real range of intelligence and autoperception of intelligence in groups of paranoid patients (0.78) compared to groups of schizophrenic patients (0.56). In the

Table 1. The analysis of the precision of autoperception (A) and collective (K) perception of intelligence in small groups of paranoid patients

Group	IQ	Precise evaluation (%)		Underestimation (%)		Overestimation (%)	
		A	K	A	K	A	K
I	98,78	7,14	14,27	14,29	42,86	78,57	42,86
II	97,82	9,09	27,27	27,27	36,36	63,64	36,36
III	106,22	55,56	33,33	00,00	33,33	44,44	33,33
IV	105,37	12,50	75,00	25,00	12,50	62,50	12,50
V	96,00	37,50	37,50	0,00	25,00	62,50	37,50
VI	99,12	25,00	37,50	0,00	25,00	75,00	37,50

Table 2. The analysis of the precision of autoperception (A) and collective (K) perception of intelligence in small groups of schizophrenic patients

Group	IQ	Precise evaluation (%)		Underestimation (%)		Overestimation (%)	
		A	K	A	K	A	K
I	98,87	37,50	25,00	25,00	37,50	37,50	37,50
II	102,57	57,14	14,29	14,29	57,14	28,57	28,57
III	93,14	42,86	71,43	28,57	14,29	28,57	14,29
IV	101,00	25,00	37,50	37,50	25,00	37,50	37,50
V	99,70	40,00	40,00	30,00	30,00	30,00	30,00

Table 3. The analysis of the precision of autoperception (A) and collective (K) perception of social status in small groups of paranoid patients

Group	Precise evaluation (%)		Underestimation (%)		Overestimation (%)	
	A	K	A	K	A	K
I	21,43	50,00	35,71	35,71	42,86	14,29
II	18,18	63,64	36,36	18,18	45,45	18,18
III	33,33	22,22	22,22	44,44	44,44	33,33
IV	25,00	75,00	50,00	12,50	25,00	12,50
V	50,00	75,00	37,50	12,50	12,50	12,50
VI	25,00	37,50	25,00	25,00	50,00	37,50

Table 4. The analysis of the precision of autoperception (A) and collective (K) perception of social status in small groups of schizophrenic patients

Group	Precise evaluation (%)		Underestimation (%)		Overestimation (%)	
	A	K	A	K	A	K
I	62,50	37,50	25,00	25,00	12,50	37,50
II	28,57	42,86	28,57	28,57	42,86	28,57
III	57,14	57,14	14,29	28,57	28,57	14,29
IV	37,50	50,00	25,00	25,00	37,50	25,00
V	30,00	70,00	30,00	10,00	40,00	20,00

case of collective perception of intelligence, this correlation is similar in groups of paranoid (0.55) and groups of schizophrenic patients (0.60).

The results of autoperception and collective perception of social status in small groups of paranoid patients are given in Table 3. The sum analysis of the autoperception of social status indicates that the percentage of correct evaluations of social status is the smallest (27.59%), the underestimation (34.48%) and overestimation (37.93%) are relatively balanced, while in the collective perception the percentage of correct evaluations is significantly higher (53.45), while underestimation and overestimation remain balanced (25.86%, that is 20.69%).

The results of autoperception and collective perception of social status in small groups of schizophrenic patients are shown in Table 4. The sum analysis of autoperception of social status in groups of schizophrenic patients indicates that correct evaluations are the most frequent (42.50%), and that underestimation is more frequent (32.50%) than the underestimation (25%) of one's own social status. The collective perception of social status indicates that correct evaluations are dominant (52.5%) while underestimation (22.5%) is balanced with overestimation (25%).

A correlation analysis does not indicate the existence of a connection between real intelligence and autoperception of social status either in groups of paranoid (0.16) or in schizophrenic groups (0.37).

Discussion

The results of autoperception of intelligence in the group of paranoid patients indicate the existence of very pronounced (both according to the number of members and the size of estimations presented in the form of ascribed ranges) overestimation of one's own intelligence. This kind of structure of autoperception of intelligence indicates the important guidelines of the stereotyped self-concepts of paranoid patients, and well as the frequently observed fact that the ideas of prosecution are accompanied by parallel ideas of power. The expression of paranoid pathology consists of parallel projections of the aggressor introjection and narcissistic superiority introjection. While the first is powerfully externalized and definitely connected to the external sources of

danger, the latter is partially externalized as the "recognition of others of its important features and influences" which sets the paranoid story in motion, and is partly incorporated in the unreal self-concept.

The results of the autoperception of intelligence in the group of schizophrenic patients indicate increased precision in the evaluation of intelligence. These, at first glance, paradoxical results indicate that the lack of conceptual understanding does not alter the correctness of the perceptions, and the loss of the mutual relationship between these two acts of complementary processes create the incorrect evaluation that both are definitively and equally distorted in the case of schizophrenic patients. However, the simple reflection of perceived stimuli, without any special inclusion of conceptual determination, contains the elements of increased precision in relation to the rigid fulfillment of the perceptive field of certain formerly determined by meanings as in the case of paranoid patients. The results of the analysis of the autoperception of social status in the groups of paranoid patients indicate the least correct evaluations and a small domination of overestimation. The certainty of the hostility of the world (uncompromising, incorrigible, unsusceptible to modification through perceptive experience) blocks the perception of the narcissistic superiority evident in the autoperception of intelligence. It is as if the projections of the aggressor's introjection and narcissistic superiority introjection are in harmony in this evaluation which takes into consideration the position in the external world, that is, in the group (the victim's introjection), and balances the personal experience of the unacknowledged right and superiority. This is how we can explain the fact that the patient who drastically evaluates his intelligence does not make a similar evaluation of his status in the group.

In the analysis of autoperception of the social status of groups of schizophrenic patients, the apparent contradictoriness noted in the autoperception of intelligence is repeated. A "perceptive solution" of schizophrenic patients in a similar way contributes to the preciseness of the perception which does not have to be defined with category meaning. In a quantitative sense, the perception manifests itself as more correct and can be an expression of tendency to, in often bizarre communications burdened by fear, esta-

lish a relation with the objects and achieve their undisturbing constancy.

An analysis of the collective perception of intelligence and social status of paranoid compared to schizophrenic patients confirms that collective perception indicates the tendency of correcting the evaluation of intellectual abilities and social status in the group.

Conclusion

The autoperception of paranoid patients (especially personal intelligence) is significantly more determined by the characteristics of the cognitive style which, in every individual development, occurs as necessary and defensive in comparison to the initial conditioning, providing the stability of the achieved pathological identity and pathological self-concept through the rigidity and inflexibility of conceptualization which is not corrected through perceptive experience. The autoperception of the schizophrenic patient, is, in the

lack of a conceptual organization, presented as more precisely reflecting cognitive style of schizophrenic patients, which is dominated by the "perceptive solution". The collective perception and paranoid and schizophrenic patients directly illustrates the corrective therapeutic potential of the group, which increases the correctness of the evaluations. It enables the therapeutic effects of social comparison and consensual validation which, in the case of paranoid patients, affects the elaboration of delusional content and the redefinition of the self-concept which, within the new, more adaptive and less pathologically paranoid construction, should be more realistic. The therapeutic potential in the group of schizophrenic patients requires a better organization of the basic level of psychological functioning which is used to realize a more real and stable identity. From these conclusions, we can determine that there are certain modifications of therapeutic techniques which should monitor the special nature of the cognitive styles of various illnesses.

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Originalni rad

UDC: 616.895.8: 615.851.6
doi:10.5633/amm.2016.0303

METOD RELACIONE ANALIZE U MALOJ PSIHOTERAPIJSKOJ GRUPI PSIHOTIČNIH BOLESNIKA

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Primena metoda koje istražuju interpersonalne odnose u malim psihoterapijskim grupama omogućava ispitivanje fenomena koji odražavaju specifičnosti bolesnih procesa i može značajno doprineti poboljšanju psihoterapijskih tehnika. Metod relacione analize, u kome se kombinuju tradicionalni sociometrijski upitnik i test socijalne percepcije, korišćen je u studiji za komparaciju šest malih psihoterapijskih grupa paranoidnih bolesnika (ukupno 52), koji su zajedno činili eksperimentalnu grupu, sa kontrolnom grupom, koja je obuhvatila pet malih psihoterapijskih grupa shizofrenih bolesnika (ukupno 30). Sociometrijski upitnik konstruisan je za tri kriterijuma izbora, a test socijalne percepcije obuhvatio je dva upitnika za procenu autopercepcije i kolektivne percepcije inteligencije i socijalnog statusa. Svi upitnici su prilagođeni i prvi put korišćeni za istraživanje u psihoterapijskim grupama psihotičnih. Dobijeni rezultati jasno ocrtavaju same karakteristike različitih bolesnih procesa (paranoidnog i shizofrenog) i proističu iz njih, a objektivizirane razlike upućuju na moguće modifikacije psihoterapijskih tehnika prilagođenih upravo ovim razlikama. *Acta Medica Medianae* 2016;55(3):21-26.

Ključne reči: grupna psihoterapija, mala psihoterapijska grupa, metod relacione analize

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