Inpatient community groups with psychotic populations

DEAR SIRS

Dr Novosel elequently described his experience of running a weekly Community Group on a long stay forensic ward (*Bulletin*, May 1986, **10**, 105–107). His interesting publication is a rarity. Despite the fact that community groups are run routinely in many hospitals very little has been written about them. Considering the resources involved this is curious; I personally have in the past been involved in such groups run on a daily basis involving up to a dozen staff members for periods of one and a half hours (inclusive of 'debriefing').

With any treatment modality that is expensive in terms of staff resources it is important to be critical—have patients improved, does this improvement justify the costs involved and what were the side effects? Side effects occur with all treatments. Looking critically at Dr Novosel's group it must firstly be emphasised that it was run on a weekly basis and so was probably not overly expensive in terms of resources. Secondly, despite his claims for its success I could find no evidence in his writing to support this claim. Whether success is implied in terms of process or outcome variables it is important to determine by what criteria success—or lack of—can be judged.

His population was described as dangerous but no mention was made as to whether this dangerousness decreased or increased with this treatment modality. He asserts that details of personal histories were not suitable topics for conversation but later he describes considerable discussion regarding a patient's homosexuality. In my own experience I recall such a discussion regarding homosexuality which merely exacerbated psychotic symptoms in a patient who was afraid that he was homosexual. In another community group I recall staff enthusiastically persuading a violent child abusing schizophrenic mother to bring out into the open that she maltreated her children. She did so and received many nods of approval; however, within an hour or so of the group ending she became severely catatonic and remained that way for some days.

He describes in the early stages of the group the members being critical regarding being detained in hospital, of the psychiatrist and the hospital conditions. Was this criticism meant to imply improvement or worsening of members mental states? With such a population it must be asked did this really 'get their feelings off their chests' or did it in fact reinforce negative emotions and complaining behaviour; furthermore did it result in an increase in delusional persecutory ideation?

During the six month period he presumably took leave and at the end of the six months he terminated the group. The consequences he described included copious talk of 'nuclear wars . . . Armageddon . . . hopelessness . . . no cure for mental illness . . . Psychiatrists knew nothing . . . (and) . . . a sense of panic and confusion'. In conclusion, he asserts that the group was successful! If one were to have administered a depression rating scale at the beginning and towards the end of the six month period it would appear likely that the scale would have registered a profound increase in depressive symptoms. As to whether these symptoms occurred outside of the group setting and as to whether they persisted into the future, no mention is made.

The group was described as being a "valuable training experience". It is also said to have been therapeutic to staff. Although staff are not employed for their own personal therapy it is conceded that a productive milieu atmosphere should be actively cultivated. However, it has been my personal experience that such groups can serve as an arena for an alarming degree of institutionalised staff behaviour that may offset the more productive aspects of the group interaction. Whether community groups overall are productive or counter productive remains an open question which needs to be addressed empirically. Whilst appreciative of Dr Novosel's account of the group process it is suggested that it is long overdue for professionals to take an objective and critical look at this commonly used treatment modality with particular attention to the patient population under study. I suggest that such an approach might yield results which would indicate the usefulness or otherwise of specific types of groups for specific psychiatric disorders.

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Dr Novosel replies:

On running a group for psychotic patients in a maximum security hospital, I rapidly learned two things. Firstly that there was a very active 'world' within the perimeter fence which was full of complex and ever changing interactions and exchanges. Despite the very real nature of this 'inner world' there was a constant awareness of the outside world and the fact of detention preventing access to it. Secondly that it was impossible to separate the group from this 'inner world' within the perimeter fence. Much of my work as a therapist in the group was to contain and hold the group's anxiety. My initial task after the birth of the group was to create a safe setting whereby anxieties, either real or fantasy, could be expressed. Bearing in mind that all the patients were compulsorily detained in hospital, I consider that the expression of complaints during the early meetings was a necessary maturational stage in the life of the group and represented the patients testing my ability to contain their anxiety. Once the patients realised that the group was indeed a safe setting, these complaints disappeared and no longer dominated the meetings.

As the meetings progressed, it was evident that the group became part of the complex society within the perimeter fence and it would have been impossible, indeed undesirable, to avoid topics which were of major importance in this 'inner world'. Individual personal histories, especially reasons for admission to the State Hospital, were not discussed but the topic of homosexuality in a virtually all male

https://doi.org/10.1192/pb.10.12.360 Published online by Cambridge University Press