Psychodynamic group treatment for generalized social phobia

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Abstract

Objectives: The aim of this study is to assess the effectiveness of psychodynamic group therapy in patients with generalized social phobia.

Methods: Thirty patients were included in a randomized single-blind clinical trial comparing psychodynamic group treatment (PGT) with a credible placebo control group (CPC). PGT was carried out within a 12-session psychodynamically-oriented group psychotherapy. Control patients received a treatment package of lecture-discussion and support group for 12 weeks which was compared to PGT. Each participant completed the Liebowitz Social Anxiety Scale (LSAS), the Hamilton Anxiety Scale (HAS) and the Clinical Global Impression Scale (CGI) at pretreatment assessment and after 12 weeks of treatment. Data analysis was carried out using a repeated measures ANOVA. Patients were excluded if they were under any kind of pharmacotherapy or psychotherapeutic treatment.

Results: Both groups demonstrated significant pretreatment-to-posttreatment change on most measures. On the LSAS, PGT patients were rated as more improved than controls at posttest assessment (F 1,28=4.84, p=0.036). Baseline data of completers did not show differences between both groups in the demographic variables and outcome variables used.

Conclusions: The present study showed that PGT was superior to a credible placebo control group in the treatment of generalized social phobia, in a 12-week randomized single-blind clinical trial.

Keywords: Phobic disorders. Anxiety disorders. Psychotherapy. group.
Twenty-one men and nine women completed the study. Five patients of each group dropped-out exclusively for schedule reasons. Completers’ demographic characteristics are described on Table 1.

**Procedures**

Subjects were randomly assigned to Psychodynamic Group Therapy (PGT) or Credible Placebo Control Group (CPC). There were two groups per condition, with 7 or 8 subjects per group. Groups met for 12 weekly 90-minute sessions. All subjects participated in a preliminary interview in which individualized treatment goals were derived. Patients then completed pretreatment assessment, which included clinician-rating measures. Assessments were repeated after 12 weeks of treatment.

Group sessions were conducted by the first author. The first author is a psychiatrist and psychotherapist with previous training in psychoanalytic psychotherapy, as well as being an experienced therapist in two different kinds of group therapies, namely dynamic psychotherapy with elderly patients and cognitive therapy with patients with generalized social phobia.

The therapist was supervised on a weekly basis for one and a half hour by means of a detailed reading of the description (descriptive notes taken about each group session). The third and fourth authors performed the assessments blind to the subject’s treatment condition. The second author was the supervisor for the CPC Group and the last author was the supervisor for the PGT Group. The second author is a qualified psychiatrist and a cognitive therapist (Beck Institute at Philadelphia). The last author is a qualified psychoanalyst, member of the International Psychoanalytical Association (IPA). This study was approved by the ethicss committee of the Clinical Hospital de Clínicas de Porto Alegre-Brazil. Complete outcome measures are described on Table 2.

**Psychodynamic Group Therapy (PGT)**

The conceptual orientation of Psychodynamic Group Therapy is psychoanalytic, based on the hypothesis that recurrent and unconscious internal conflicts are connected to the symptoms. The main contributions for this model of PGT derive from Bion’s contributions about working groups and basic assumptions about working groups (dependence, fight-flight and pairing). The therapist aims at identifying unconscious thoughts and conflicts possibly connected to the phobic symptom, and carefully trying carefully es to bring them into consciousness. These interpretations promote insights that can lead to psychic changes, and self-recognition of the patient’s defense mechanisms. Through focal interpretations, patients may cope in a better way with the feared situations. Special attention is given to resistance and role distribution in the group setting and to the therapist’s counter-transference of the therapist. A manual for psychodynamic group therapy with phobic patients was prepared, tested and used in this study.

**Clinical Vignette 1**

J. E., 27 years old, female. J. E. suffers from generalized social phobia. J. E. had developed a severe fear of interacting with new people at work or with old friends at parties or pubs. She has also experienced intense anxiety and mainly blushing whenever a “human being”, as she calls people in general, came to her even to say hello. When forced to confront these feared situations, her face would become completely red and she would stumble over her words and also would not be able to complete a sentence. In one of the sessions another patient did not recall her name and wanted to mention something about her. When he asked the therapist, and not her, what her name was, she got completely red, did not say a word and started to hide her face and cry. The whole group remained in silence for several minutes. The therapist said to the group:

T: What is each one of you feeling within this situation?

J. E.: I feel completely ridiculous, because it is not normal to get this red even here in the group where we are all victims of the same problem. I find it impossible to communicate with people, but that is ok, someday I will get over it...but he just asked you what my name is and I freeze.

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call me, and the first question was always regarding my brother, not me.
T: So did you have to take care of him when you were also young. How old were you then?
J. E.: 7, 8, 9... and even as a young adult both of us are grown ups and I live here alone I feel the same about him.
T: How do you feel about him?
J. E.: Responsible but unable to take care of him.
T: So you had to take care of him while your parents were out working. I wonder if when you were mentioned in the group you felt, as in the past, responsible for answering without being able to do so.
J. E.: Maybe yes... participating here in the group and mainly having their attention driven to me is the same as feeling responsible for my brother and having to answer my mother about my performance during the day.

Clinical Vignette 2

D. S., 50 years old, male. D.S. suffers from generalized social phobia. D. S. is constantly fearing to expose himself to fear of exposing himself. He mentions a lot of anger directed towards his wife. He uses to act as an ally of his daughter against his wife. He uses to act in keeping the discussion focused, a series of questions and to use the group as a forum in which they may prepare for upcoming phobic events. They have also suggested methods they may have used to cope with situations that were common concurrently for other group members. This supportive part of each session was relatively unstructured. To help the therapist in keeping the discussion focused, a series of questions sets were used. However, no significant differences between both groups were found (F_{1,28}=10.58, p=0.003). However, no significant differences between both groups were found (F_{1,28}=0.31, p=0.582) (Table 2). Overall, patients did not differ in their baseline assessment (Table 1). Baseline data of com-

### Table 2 – Clinician rated symptoms of thirty patients with DSM-IV generalized social phobia across twelve weeks of treatment with psychodynamic group and a control group (mean±SD), repeated measures ANOVA

<table>
<thead>
<tr>
<th>SCALES</th>
<th>WEEK 1 (BASELINE)</th>
<th>WEEK 12</th>
<th>p VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PGT</td>
<td>CPC</td>
<td>PGT</td>
</tr>
<tr>
<td>LSAS</td>
<td>87.9 ± 21.9</td>
<td>81.9 ± 20.5</td>
<td>67.5 ± 25.4</td>
</tr>
<tr>
<td>HAM-A</td>
<td>21.6 ± 9.8</td>
<td>20.7 ± 11.6</td>
<td>17.3 ± 9.1</td>
</tr>
<tr>
<td>CGI</td>
<td>5.1 ± 1.1</td>
<td>5.1 ± 1.1</td>
<td>2.7 ± 0.8</td>
</tr>
</tbody>
</table>

p value = corresponds to the p value obtained using the repeated measures ANOVA (time x treatment)
Social phobia originates from case reports. In an exploratory prior to alternative group treatments in generalized social phobia. A direct comparison between PGT and CBT would also be useful in providing evidence as to whether or not CBT is superior to alternative group treatments for social phobia, with current data, CBT may provide the best results. However, our results suggest that when selecting short-term treatments for social phobia, such comparison was not yet accomplished. As far as we are aware this is the first attempt to compare PGT to a control treatment in this group of patients.

In the present study, PGT was used in a short-term, structured package. It can be argued that psychodynamically oriented treatments would take longer periods to present its therapeutic effects. Further studies are needed to assess whether long-term PGT could provide better results. Heimberg et al. have shown that cognitive behavioral group therapy (CBT) is superior to a credible placebo treatment in patients with social phobia. The duration of the treatment package used by Heimberg et al. was equal to the time spent in PGT in our clinical sample. It is not possible to make direct comparisons between PGT and CBT in the treatment of social phobia, as such comparison was not yet accomplished. However, our results suggest that when selecting short-term group treatments for social phobia, with current data, CBT may provide the best results, but PGT has also to be considered.

In the present study, PGT was used in a short-term, structured package. A direct comparison between PGT and CBT would also be useful in providing evidence as to whether or not CBT is superior to alternative group treatments in generalized social phobia. Unfortunately, long-term psychoanalytic treatment is difficult to be empirically studied, and most of what is known about it for social phobia originates from case reports. In an exploratory study with 23 patients under psychoanalytic treatment, 35% were diagnosed as avoidant personality disorder (which commonly overlaps with generalized social phobia) at baseline, and 22 of them clearly improved after 1 year of twice-a-week therapy. The mentioned study had a rather small sample and was not controlled. The present study is a first attempt to compare PGT with a control group using a randomized method. For some patients with social phobia and several personality disturbances, clinically manifested by weak ego boundaries, an unclear identity, and low self-esteem, cognitive-behavioral therapy and psychopharmacological treatment may also be non-effective. In these situations, a short-term psychodynamic therapy might allow patients to expose themselves to anxiety-producing situations with less symptoms.

Other therapy modalities apart from CBT are needed in social phobia for several reasons: 1) established treatments (CBT and psychopharmacological) do not help all patients who seek help; 2) for many patients the standard treatment provides only partial decrease in symptoms and patients may experience recurrence of symptoms in long-term follow-up.

There are several limitations in the present study. The fact that the same therapist performed both treatments has advantages and disadvantages. One potential advantage is that there is no change in the figure of the therapist, which is known to influence all kinds of psychotherapy. The potential disadvantage would arise from the possible affiliation of the therapist to a certain kind of therapy in detriment of the other. This could lead to a systematic bias, which would favor, consciously or unconsciously, one of the interventions. As far as we know, there was no bias against the psychodynamic approach, since this study was designed and conceptualized as a means to expand the applications of psychodynamic brief therapy. Another possible limitation of this study was the fact that only four groups were constituted, two of each kind of intervention. Perhaps with more groups chaired by different and experienced therapists in each technique, different outcomes could be obtained. This is an idea for future studies.

This promising field needs careful and systematic investigation and perhaps a more appropriate way to do it would be through the use of qualitative methods jointly with the quantitative methodology which was used in the present report. This study showed that PGT was not superior to a credible placebo control group in the treatment of generalized social phobia. As far as we are aware this is the first attempt to compare PGT to a control treatment in this group of patients. In the present study, PGT was used in a short-term, structured package. It can be argued that psychodynamically-oriented treatments would take longer periods to present their therapeutic effects. In this vein, the present study does not rule out the effectiveness of PGT in generalized social phobia. Further studies are needed to assess whether longer-term PGT packages could provide better results than control treatments. However, the means and standard deviations of both PGT and control groups were almost identical at endpoint. This suggests that short-term PGT, in the short-term basis, may not provide the necessary framework for the improvement of symptoms of generalized social phobia.

Heimberg et al. have shown that cognitive-behavioral group therapy (CBT) is superior to a credible placebo treatment in patients with social phobia. The duration of the treatment package used by Heimberg et al. was equal to the time spent in PGT in our clinical sample. It is not possible to make direct comparisons between PGT and CBT in the treatment of social phobia, as such comparison was not yet accomplished. However, our results suggest that when selecting short-term group treatments for social phobia, with current data, CBT may provide the best results.

Further studies with longer periods of treatment and a larger sample are needed to assess the capability of PGT to improve symptoms of generalized social phobia. A direct comparison between PGT and CBT would also be useful in providing evidence as to whether or not CBT is superior to alternative group treat-
ments in generalized social phobia.

Unfortunately, long-term psychoanalytic treatment is difficult to be empirically studied empirically, and most of what is known about this for social phobia origonatescomes from case reports.\textsuperscript{16,17} In an exploratory study with 23 patients under psychoanalytic treatment, 35% were diagnosed as avoidant personality disorder (which commonly overlaps with generalized social phobia) at baseline, and 22 of them clearly improved clearly after 1 year of twice- a-week therapy. The mentioned-later study had a rather small sample and wasnis not controlled.\textsuperscript{18} The present study was also small, but it was a first attempt to compare PGT with a control group using a randomized single-blind short-term clinical trial.

For some patients with social phobia and with several personality disturbances, clinically manifested by weak ego boundaries, an unclear identity, and low self-esteem, cognitive-behavioral therapy and psychopharmacological treatment may be also not be be effective. In these situations, a long-term psychoanalytic therapy might allow make it possible for the patients to expose themselves to anxiety-producing situations with less symptoms.\textsuperscript{19}

Other therapy modalities apart from CBT are needed in social phobia for several reasons: 1) established treatments (CBT and pharmacological) do not help all every patients who seeks help; 2) for many patients the standard treatment provides only partial decrease in symptoms and patients may experience recurrence of symptoms in long-term follow-up.\textsuperscript{20}

There are several limitations in the present study: the fact that the same therapist performed both treatments has advantages and disadvantages. One potential advantage is that there is no change in the figure of the therapist, which is known to influence all kinds of psychotherapy. The potential disadvantage would arise from the possible affiliation of the therapist’s affiliation to a certain kind of therapy in detriment of the other. This could lead to a systematic bias, which would favour consciously and unconsciously, one of the interventions. However, if there was a bias, the bias was in favour of PGT, as the main hypothesis was that PGT would be superior to the CPC. As far as we know are aware, there was no bias against the psychodynamic approach, since this study was designed and conceptualized as a means to expand the applications of psychodynamic brief therapy. Another possible limitation of this study was the fact that only four groups were constituted, two of each kind of intervention, maybe perhaps with more groups chaired by different and experienced therapists in each technique, different outcomes could be obtained. This is an idea for future studies.

It is clear that the psychoanalytical approach is dependent upon insights which are acquired through with the time. A fundamental concept in psychoanalysis is the process of working through. It is possible that the limitations of time did not allow for a proper working through of the conflicts uncovered, at least partially, in the sessions, with those patients.

This promising field needs careful and systematic investigation and maybe perhaps aa more appropriate way to do it would be through the use of qualitative methods jointly with the quantitative methodology which was used in the present report.

Conclusion

The present study showed that PGT was superior to a credible placebo control group in the treatment of generalized social phobia in a 12-week randomized single-blind clinical trial. Further studies, with new designs, might bring new evidences about the efficacy of psychoanalytically-oriented approaches.

References