Differential Treatment Outcome of Inpatient Psychodynamic Group Work

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Background: The German Working Group on Inpatient Group Psychotherapy

Due to historical reasons psychotherapy in Germany has a very specific tradition (cf. Strauss & Kaechele, 1998). Part of this tradition is the high importance of inpatient psychotherapy. Genuine psychotherapeutic hospitals were founded in Germany already before World War II (e.g., by Georg Simmel in Berlin or Georg Groddeck in Baden-Baden). After the World War a whole series of psychotherapeutic hospitals were founded as well as several hospitals for psychotherapeutic and psychosomatic rehabilitation. This has contributed to the fact that Germany has still well more than 10,000 hospital beds for psychotherapy alone, apart from those within psychiatry. Accordingly, inpatient psychotherapy has become a very important part of the psychotherapy delivery system in this country.

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Compared to publications dealing with the development and differentiation of treatment concepts within the inpatient field, empirical studies remained rare until the eighties (Strauss, 1992). With the foundation of the „Mainz Workshop on Research in Inpatient Psychotherapy„ (1988, by M. Bassler and S. O. Hoffmann), empirical research has received new impulses resulting in several initiatives to study process and outcome of inpatient treatments. Related to the Mainz workshop, several working groups have been established. These working groups tried to focus on specific research questions in the field and to organize cooperations between university hospitals and other psychotherapeutic hospitals. The „German Working Group on Inpatient Group Psychotherapy„ was founded by the B. Strauss and J. Eckert (Hamburg University) in the year 1990. The major goal of the research network was to consider the importance of group work within the inpatient setting. In general, compared to individual therapy, there is a considerable lack of studies focussing on the process and outcome of psychodynamic group treatments (cf. Fonagy, 1999).

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The research group presently consists of colleagues from 10 university hospitals or institutions (Hamburg, Leipzig, Bielefeld, Innsbruck, Kiel, Mainz, Jena, Göttingen, Hannover, Düsseldorf), and 8 general psychotherapeutic or rehabilitation hospitals (Hamburg, Berlin, Grönenbach, Bad Honnef, Geldern, Bad Kreuznach, Frankfurt/Oder, Bad Segeberg). The programme of the group is to organise multi-site studies focussing on very specific questions in the field of inpatient group psychotherapy. In general, it is intended to run these studies in naturalistic settings, with a design that should be easy to integrate into the clinical routine making the raising of specific funds unnecessary.

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Since its foundation the working group has completed a variety of studies on the assignment of patients to different subsettings (Eckert, Biermann-Ratjen, Brobeck, et al., 1997), quality assurance in inpatient groups (Strauss, Kriebel, & Mattke, 1998) or the predictive value of attachment styles for the outcome of inpatient groups (e.g. Strauss, Lobo-Drost, & Pilkonis, 1999). One major focus of the work during the last ten years, which will be summarised in the following paragraphs, regards the question if the amount and kind of interpersonal problems patients present at their admission is of any value in differentially predicting the outcome of inpatient psychodynamic group treatment.

General research question: Do interpersonal problems predict treatment outcome?

Research on inpatient psychodynamic group work has focussed on different questions during the last years (Strauss, 1992), namely the investigation of its global effectiveness (e.g. Strauss & Burgmeier-Lohse, 1994), the subjective importance of single components of the inpatient programme for the patients (e.g. von Rad, Senf, & Bräutigam, 1998), the study of therapeutic factors (e.g. Strauss & Burgmeier-Lohse, 1995) and process research (e.g. Tschuschke, 1993). The working group has primarily focussed on the question of how the patients´ experience of their interpersonal problems – as assessed by the Inventory of Interpersonal Problems (Horowitz, Strauss, & Kordy, 1994) – can predict the outcome of the group treatment. This question is based upon the observation that interpersonal relationships, their structure, dynamics and adaptability, play an important role in the course and outcome of psychodynamic psychotherapy. The interpersonal model which has its origins in the psychoanalytical literature (e.g. Horney, 1945) has been shown to be relevant for describing human behaviour in psychotherapy.

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In our studies it was assumed that the degree and the quality of interpersonal problems which patients undergoing inpatient group treatment perceive, should be a differential indicator of treatment outcome. This assumption was based on studies from other fields of psychotherapy showing that interpersonal problems might be significant factors enabling to differentiate patients with various degrees of treatment success (e. g. Mohr, Beutler, Engle, et al., 1990; Horowitz, Rosenberg, & Bartholomew, 1993). Before commencing with our studies, no results were available regarding this question in the inpatient setting. Specifically, we expected that patients who are aware of their interpersonal difficulties should be susceptible to psychodynamic treatment approaches, whereas those who do

not experience interpersonal complaints should rather be assigned to different treatment approaches.
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Until now, three studies were performed within the working group that will be summarised in this article. Data related to the most recent study (study 3) has not yet been published, whereas the other two studies have been published elsewhere (Strauss, Eckert, & Ott, 1993; Davies-Osterkamp, Strauss, & Schmitz, 1996).

Central research method: The Inventory of Interpersonal Problems (IIP)
Based upon the observation that the most frequent complaint of patients upon entering psychotherapy is that they find it difficult to get on with other people, Horowitz and co-workers (1988) compiled the Inventory of Interpersonal Problems (IIP), which has already become a standard instrument in psychotherapy research (Strupp, Horowitz, & Lambert, 1997). The questionnaire originally covered 127 items describing common interpersonal difficulties. Whereas some of these items begin with the statement „It is hard for me ...„ (to do something, e.g. say „no„ to other people), other items express that the person does certain things too much (e.g. I fight with other people too much). Horowitz, Rosenberg, Baer et al. (1988) could demonstrate that – according to the assumptions of the interpersonal model – the items of the IIP could be arranged along the two orthogonal axes „affection„ (friendliness vs. hostility) and „control„ (dominance vs. submission). Alden, Wiggins, & Pincus (1990) showed that the items fit into a circumplex structure (cf. Figure 1) and constructed eight subscales (of eight items each and total of 64), each covering an eighth or an octant of the two-dimensional model.

Insert Figure 1 about here

Study 1:
The first study testing the major hypothesis was carried out under the participation of eight hospitals all providing similar forms of psychodynamically oriented group treatment. 470 patients from these hospitals were included in this study in which the results were worked out individually for each institution (for a comprehensive description of the detailed results cf. a special issue of the journal „Gruppenpsychotherapie und Gruppendynamik„ [Group psychotherapy and Group dynamics], Strauss, Eckert, & Ott, 1993).
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Of the 470 patients participating in this study, 66% were female. The mean age of the patients was around 31. The single hospitals contributed to the study with

patient numbers between 24 and 110. Although the concepts of the group treatment were similar, the general treatment programmes differed with respect to the length of the inpatient therapy. The shortest programme lasted between 5 and 6 weeks, the longest between 6 and 7 months.
Due to the fact that the single hospitals used their own criteria for the assessment of treatment outcome it was hard to integrate the single findings (cf. Strauss, Eckert, & Hess, 1993). Nevertheless, some general tendencies could be detected:
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Patients suffering mainly from interpersonal distress (as compared to symptomatic distress as measured with the SCL-90-R) had more benefit from the inpatient group treatment in a setting with shorter treatment length (Muhs, 1993), whereas patients predominantly suffering from symptomatic distress had a better outcome in a long-term group treatment (Strauss & Burgmeier-Lohse, 1993).
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As far as specific interpersonal problems were concerned, there was a tendency for patients suffering from problems with hostile dominance to have a more negative prognosis than others. This could be shown at least for the patients from three out of the six hospitals.

Study 2:
Out of the sample of study 1, a subsample of 194 patients from six different institutions was selected providing comparable data sets with respect to one outcome measure, i. e. the general Symptom Index derived from the SCL 90-R (cf. Davies-Osterkamp, Strauss, & Schmitz, 1996).
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To determine the relationship between the interpersonal problems at admission and the symptom related treatment outcome, criteria for clinically significant changes were determined (critical change value, $kb = x_{norm} + 2\,\sigma_{norm}$;
reliable change, $RC = (x_{post} - x_{pre})/s_{diff}$, i.e. standard error of the differences; cf. Jacobson & Truax, 1991).
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Overall, the effect size for the SCL 90-R changes was .57, for changes in interpersonal problems (total IIP-score) it was .30. Using the criteria for clinically relevant improvement, four groups of patients could be distinguished:

- patients whose condition deteriorated (9.3%)
- patients with no perceptible changes (26.8%)
- patients whose symptoms improved (29.4%) and
- patients whose discharge values in the SCL-90-R fell into a normal range (20.2% „cured„ patients).

An additional subgroup of 14.4% of the patients showed normal SCL-90-R scores at admission as well as at discharge („healthy„ subgroup).
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In this study, the main goals were to discover whether patients who were more aware of their interpersonal problems before treatment began would have a better prognosis in inpatient group psychotherapy in terms of symptomatic change. It turned out that particularly those patients who were rated as „cured„ or „improved„ by the end of therapy on the basis of their SCL-90-R measures reported having most interpersonal problems before their treatment began (cf. Fig. 2).

Insert figure 2 about here

Study 3

The overall objective of the multicentre study 3 was not only to replicate findings of the preceding studies on a larger scale, but also to further evaluate the differential and prognostic validity of different facets of interpersonal problems. The aim was to predict outcome measures by interpersonal problems, thus addressing the „interpersonalness“ of the treatment outcome. More specific research questions were to explore whether using ipsatised or unipsatised scores of the IIP would have any impact on this prediction (see below) and whether the interpersonal tendency is related to changes in interpersonal problems and to personality related outcome.
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Data of this study were collected within six different hospitals with different treatment settings (Kiel, Bad Honnef, Groenenbach, Goettingen, Geldern, Haldensleben). Again, the common element of the settings was the use of psychodynamic group work as a central part of each programme. The methods of the study common to all settings were the IIP (German version, Horowitz, Strauss, & Kordy, 1994), the SCL-90-R (German version, Franke, 1992) and the Giessen Test (Beckmann, Braehler, & Richter, 1990), which is a psychoanalytically oriented personality inventory very commonly used in Germany. These measures were assessed at least twice, on admission and at discharge. In three of the six centres individual treatment goals were formulated additionally at the beginning of treatment. The extent (percentage) to which these goals were attained was assessed at the end of treatment by both the patient and the therapist. Finally, global ratings on the somatic and psychological treatment outcome were given by the therapist at discharge.
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For a better understanding of the interpretation of the results, we have to comment on some specifities of the instruments: The Giessen Personality Test has its roots in the German psychoanalytic and social psychology tradition. However, it is less intended to capture individual traits, but rather conceptualises personality aspects as they appear in dyadic relationships or in group processes. 40 items on a bipolar 7-point scale include questions on emotional states, questions on ego qualities (such as introspection, imagination and permeability), questions on interpersonal states (such as self-disclosure) and questions on social reactions and/or responses by others. A factor analysis of the items yielded the following six scales:

The first scale is called „social response„ and gauges the positive or negative feedback a person receives from his/her environment on the basis of his personality. The second scale is called „dominance„ and assesses whether a person is more flexible, accommodating and obsequious or more domineering in social relationships. The scale „self-control„ is less conceptualised from an interpersonal stance and addresses whether a person is more self-controlled and even obsessive-compulsive or more disorganised in his or her personal affairs. The fourth scale „underlying mood„ represents a (hypo)manic-depressive dimension. The scale „permeability„ assesses whether a person is more open, self-disclosing and permeable or more retentive and reserved. The sixth scale, „social potency„ describes whether somebody is able to carry out his duties and desires into society with the maximum of advantages.

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The Giessen Test is not considered to be a genuine tool of psychotherapeutic outcome measurement. However, it has proved to be sensitive to change in specific contexts, i.e. in identifying psychotherapeutic treatment outcome (Stuhr, 1997), or changes in the self concepts of the German population during societal changes (Braehler & Richter, 2000). Because it was developed from a psychoanalytic and social psychology tradition, it is supposed to have a high clinical validity in identifying changes in inpatient psychoanalytic group therapy.

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With regard to the IIP, it is important to note that two different interpretations of the circumplex of interpersonal problems exist. These different lines of interpretation have emerged since interpersonal problems are considered to be the counterparts of the interpersonal traits. In the tradition of circumplex models, these traits represent the vectors in a two-dimensional circular space formed by the coordinates of affiliation (LOVE) and dominance (DOM). The eight scales (cf. Fig. 1) usually identify particular patterns of interpersonal tendencies. Wiggins, Phillips, & Trapnell (1989) as well as Gurtman (1991) have suggested to classify

subjects falling within the same typological sector of the interpersonal circle. This category is defined by the average directional tendency of their interpersonal behaviour with reference to the coordinates of love and dominance. Ambiguous definitions of the interpersonal tendency have emerged when applying the interpersonal problems counterpart to this conceptual framework. First, the typological sector of a person may be interpreted according to the content of the scale, i.e. these categories represent the interpersonal field that distresses the person to the highest extent. In this vein, one can imagine that a patient, who suffers from being too obedient and too submissive in interpersonal relationships, may overtly complain about interpersonal disturbances related to assertiveness and dominance and not only to submissiveness. The second interpretation is much more common and defines the category as an individual‘s interpersonal focus or tendency, i.e. an area that is in the focus of one‘s inner attention and that leads to the most characteristic and precarious interpersonal conflicts. In line with this interpretation, Alden, Wiggins, and Pincus (1990) were able to show a high convergent validity between interpersonal traits, as measured with the Revised Interpersonal Adjective Scales and interpersonal problems. This finding indicates that it is rather the content of the scales or interpersonal areas which is evoked by the IIP items. A way to deal with these ambiguities, is to use unipsatised scores, when the literary meaning of the scales is more important and to use ipsatised scores, when the interpersonal tendency or focus has a higher validity. Ipsatizing is accomplished by subtracting an individual‘s mean from each IIP scale. Using the IIP in this large sample, we wished to elucidate these concurrent notions of the interpersonal tendency in a clinical population.

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Following a replication of the findings from study 2, the analytic strategy behind this work was to primarily run multiple regression analyses to predict treatment outcome and secondly, to evaluate the impact of the interpersonal tendency, respectively the eight octants, on changes in interpersonal and personality related measures. These research questions are part of a larger project which also addresses the relationship between interpersonal problems and conventions of clinical and statistical significance on the one hand and interpersonal problems and diagnostic categories, especially personality disorders on the other hand. Thus, we only present some selected results related to the clinical validity of the Inventory of Interpersonal Problems.

Sample characteristics

Complete data for the IIP and SCL-90-R data were obtained from about 740 patients at both points of measurement. Approximately 600 patients completed

the Giessen Test two times. However, the goal attainment and global outcome ratings were assessed only in three hospitals. 350 global outcome ratings were collected in these centres; 260 patients and 120 therapists assessed the extent to which the initial treatment goals had been reached.

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67 % of the subsample of patients who completed the questionnaires at admission and at discharge were female and 33 % were male. The mean age of these patients was 38 (+/- 9.5; range: 17-63). The global diagnoses represented in this sample were personality disorders (22%), eating disorders (21%), anxiety, dissociative and somatoform disorders (22%), affective disorders (19%), substance abuse (5%) and psychoses (0,5%).

Replications of findings on the relationship between clinical significant change and interpersonal problems

Applying the conventions of clinical and statistical significance to the under, 25 % of the sample fell into the „healthy“ or „normal range“ category, 28% improved in clinically and statistically significant terms („cured“) and 15 % remained unchanged. 14% of all patients were assigned to the category „deteriorated“ (statistically and/or clinically significant). These proportions are very similar to those identified in the second study.

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Again, patients who deteriorated, showed the lowest amount of interpersonal problems and the least differentiated interpersonal profile. It should be noted, however, that some contrasting findings related to this group were obtained from the global outcome ratings and goal attainment scaling of the therapists. Contrary to expectation, the outcome ratings of the therapists were highest in patients who deteriorated in the SCL90R! The patients who deteriorated according to the SCL-90 change scores constituted also the only group that had higher scores on all interpersonal problems scales at discharge no matter what area they were related to, as shown in figure 3.

Insert Figure 3 about here

The interpersonal profile of the IIP pre- and posttreatment scores shown in Fig. 3 sharply contrasts the profile of patients who improved (Fig. 4). The patients who improved according to statistical and clinical criteria complained less about interpersonal problems, especially about those located in the lower octants (too submissive), while problems with being overly autocratic were reported more often.

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The fact that patients who deteriorated in clinical and statistically significant terms reported only few interpersonal problems on admission, however more problems at discharge could have led their therapists to globally rate a positive treatment outcome. A more detailed discussion of these findings will be provided by Strauss, Schmidt and the working group on inpatient group therapy (in preparation).

Insert Figure 4 about here

Prediction of treatment outcome on the basis of the quality of interpersonal problems

To test if the quality of interpersonal problems (i. e. the scores in the eight subscales) can predict outcome, multiple regression analyses were performed in two steps: We first included the unipsatised scores, then in a second step the ipsatised scores as predictors into the equation. In both equations the mean score of the IIP was included as well as a predictor variable in order to explore whether the total amount of interpersonal problems or specific aspects have a higher prognostic impact. Criterion variables were a) the difference score on the general symptom index (GSI), b) the difference scores on the scales of the Giessen Test and c) the global outcome ratings as well as the goal attainment scales.

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Because of the nature of the circumplex, a high multicollinearity has to be taken into account when interpreting findings. The correlations between the IIP total score and the single scales was highest in HI (too unassertive), FG (too socially avoidant), and JK (too exploitable). Thus, the predictive power of one of these scales might easily be suppressed by the others.

Predictions of** goal attainment and **global outcome ratings

In predicting the goal attainment ratings and the global outcome of both patient and therapist, interpersonal problems had only a significant effect on the therapists` global ratings of the psychological outcome (R^2 =.7, p <.001). In this regression, nonassertiveness at admission had a significant impact on a better global psychological treatment outcome as rated by the therapist. This is in line with findings of Horowitz, Rosenberg, and Bartholomew (1993). They have concluded that problems with friendly submissiveness seem to be more easily treated in brief dynamic psychotherapy than problems with hostile dominance.

Prediction of improvement in the General Symptom Index (GSI)
In predicting the change in the GSI, both the regression equation including ipsatised scores as well as the equation including unipsatised scores were found to be significant. Interpersonal problems explained approximately 12 % of the variance of the alterations in the GSI. In both equations, only the IIP total score was found to have a significant effect on the change in the GSI ($F = 19.60$; $p < .001$), but none of the single scales.

Prediction of changes in the scales of the personality inventory (Giessen Test)
In predicting changes in the scales of the Giessen Test, the single scales had a greater predictive potential than the total IIP scores (Tables 1-5).

Insert tables 1-5 about here

In general, all equations predicting changes in the scales of the Giessen Test, based on interpersonal problems, were significant except for the changes in the self-control scale. Another general finding was that a decrease in the depression scale was predicted by the IIP total score, but neither of the single subscales proved to be significant. However, the single IIP scales had a significant impact on changes in the four Giessen Test subscales, which more strongly reflected relational dimensions.
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The prognostic effects of the IIP scales were overall highly significant, irrespective of the fact that ipsatised or unipsatised scores were used as predictors. Because of the high multicollinearity of the IIP scales, it is difficult to compare the effect of using ipsatised and using unipsatised scores in the regression equations.

The impact of the interpersonal focus on changes in the Giessen Test
In addition to the regression analysis, a finer analysis of the validity of the interpersonal focus was performed by analysing the effect of the average interpersonal tendency as suggested by Wiggins, Phillips and Trapnell (1989) and Gurtman (1991). According to this suggestion, the sample is divided into subgroups of patients showing their predominant interpersonal distress within the different octants of the circumplex model. The categories the patients were assigned to represented about the same shares respectively (n = 93-110). In table 6, the mean changes related to personality aspects as measured by the Giessen Test are shown across these interpersonal categories.

Insert table 6 about here

A descriptive analysis of the relationship between these categories and differences in the Giessen Test revealed that all groups improved in the depression and social potency scale. To test differences between the categories, univariate analyses of variance were performed (table 6). On the social potency scale, the mean differences were found to be significant within the categories BC (vindictive) and NO (intrusive) showing lower scores than FG (socially avoidant) and HI (unassertive).
All other scales showed differential effects in the eight categories. Partially, these differences can be attributed to the fact that patients with an interpersonal focus on FG, HI and JK (socially avoidant, unassertive and exploitable) displayed the highest scores on admission. However, some peculiar findings occurred. The mean differences were significant on the social response scale revealing a higher social response in patients from all categories, in particular FG, HI, JK, but a lower social response in the NO (intrusive) category. This was the only category with lower scores on permeability indicating that patients assigned to this group were more reserved and retentive after treatment. The differences in this scale were, however, not statistically significant. Another finding, which was theoretically consistent, was that in patients from all categories of the upper octants, dominance as a personality trait decreased while it increased in patients located in two of the lower octants. These findings underline those of the regression analyses indicating that the interpersonal focus clarifies the spectrum or the deeper dimension of personality related changes.

The impact of the interpersonal focus on changes in interpersonal problems

The interpersonal focus should not only be important in predicting various types of outcome measures, but also in predicting general changes in interpersonal problems during treatment. Table 7 provides the change scores of interpersonal problems across the eight interpersonal categories.

Insert table 7 about here

Patients with an interpersonal focus in the lower octants showed the greatest decreases of interpersonal problems during treatment since their baseline scores were especially high (regression to the mean). The HI and JK categories displayed even more interpersonal disturbances related to being too autocratic at discharge. One would assume that changes in interpersonal problems should be highest in the interpersonal area that a patient sensitively perceives. It was possible to

confirm this assumption in most categories. There were only two exceptions: patients from the categories BC and DE did not show any obvious alterations in their most conflictual interpersonal problem areas. Patients with a focus on BC showed no changes in a couple of interpersonal dimensions (for instance DE, HI, JK, LM). One might conclude that patients who have their interpersonal focus in the cold and vindictive area improve in terms of intrapsychic aspects as measured in the Giessen Test, however they do not change their dismissing interpersonal stance.

Discussion

The purpose of this article was to describe research activities in a specific field of psychodynamic psychotherapy, i.e. inpatient group work. Psychodynamic group treatment is the core element of many treatment programmes within psychotherapeutic hospitals at least in Germany. Nevertheless, it has been somewhat neglected in research. This was the reason to found a working group on inpatient group psychotherapy aiming to promote research within this field in several naturalistic studies. The studies summarised in this article mainly focussed on the question if interpersonal characteristics of patients treated in inpatient groups might be useful to differentially predict treatment outcome on different levels.

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One general result of the three studies performed by the working group is that patients who are sensitive for their interpersonal problems at the beginning of their treatment (i.e. patients with higher total scores in the IIP) seem to have more benefit from the psychodynamic treatment than patients suffering less from interpersonal distress. This benefit is related to symptomatic changes as well as personality-related outcome measures (Giessen Test). In some ways, this result could have been expected since psychodynamic group treatment should specifically focus on interpersonal issues. Accordingly, patients who are already familiar with these problems (probably in terms of „psychological mindedness„) should have a better outcome. Nevertheless, even expected results should be considered in planning treatment programmes. One potential conclusion that could be drawn from this result might be to assign patients with lower scores in the IIP to other treatments or - at least – to provide additional treatments focussing on increasing interpersonal sensitivity.

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Apart from this „global„ result, differential analyses of the data from the recent study, give some additional information regarding the patients benefit from psychodynamic group work in terms of personality related criteria: Being too nonassertive, too socially avoidant or too vindictive at admission increases the likelihood to receive a more positive feedback from the environment at the end of the treatment (as measured by the Giessen Test scale „social response“). Being too domineering at admission had a significant impact on being more flexible and accommodating at the end of treatment, whilst being too nonassertive on admission had a significant effect on being more dominant (Giessen Test scale „dominance“). Using the ipsatised scores in this regression, being too domineering, too intrusive and too vindictive was highly predictive of being more flexible and less dominant at the end of treatment. Interpersonal problems related

to being too nurturant were predictive of a higher permeability or self-disclosure at the end of treatment. This finding is not consistent with expectations. In line with the assumptions based upon interpersonal theory we would have expected patients whose interpersonal focus is related to nurturance, to benefit from therapy by being more retentive or reserved at discharge. The finding that patients who complained about being too vindictive on admission were finally more permeable or self-disclosing was, however, in line with our assumptions. Being too socially avoidant predicted a higher social potency or an increased capacity to carry out one‘s own desires at the end of treatment. It is important to note that, using the ipsatised scores, interpersonal problems of being too domineering and too intrusive predicted a higher *social impotency*.

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Summarising these findings, the significant contributions of the IIP scales in predicting changes in the personality test underlines not only the construct validity of interpersonal problems (cf. Davies-Osterkamp & Kriebel, 1993), but also in particular its predictive validity. Both different notions of the interpersonal problems scales seem to have their own predictive potential. In general, the use of ipsatised scores more strongly emphasises the upper octants while the use of unipsatised scores increases the impact of the lower octants, probably because the scores on these scales showed the highest correlations with the IIP total score. One might conclude that using the unipsatised scores more strongly emphasises the effects on interpersonal problems in their literal meaning, whilst the use of ipsatised scores stresses more the interpersonal focus or tendency.

On the whole, the findings of Horowitz et al. (1993), stating that problems with friendly submissiveness seem to be more easily treated in dynamic psychotherapy than problems with hostile dominance, could not be applied to the setting of inpatient psychodynamic group therapy. Even though one might reach the conclusion that patients with a focus on friendly submissiveness might benefit more from group therapy, when simply looking at the unipsatised effects of the IIP scales, this assumption can not be confirmed on the basis of the ipsatised scores. There was no kind of interpersonal problem dimension that did not have any positive effect on treatment outcome. We interpret these results to conclude, that in group therapy it might be possible to take specifically targeted action regardless of what kind of interpersonal problems patients experienced predominantly at the beginning of therapy. These actions were aimed at achieving a new perception or a more positive stance related to specific interpersonal problems in each individual of the group. The mutual interactions in group therapy may specifically support a better reflection of interpersonal aspects of the self and others.

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