

Ego-pathology, body experience, and body psychotherapy in chronic schizophrenia

Frank Rohricht, Nina Papadopoulos, Iris Suzuki and Stefan Priebe

Psychology and Psychotherapy: Theory, Research and Practice (2009), 82, 19–30

Objectives: In a recent pilot RCT, looking at the efficacy of body oriented psychological therapy (BPT) in patients with chronic schizophrenia, a marked

improvement in negative symptoms was found in the treatment group. To date, there have been no studies to evaluate the therapeutic processes, correlates and predictors of change in patients receiving BPT. The aims of this study are to address three specific questions, namely how: (1) Ego-pathology and (2) Body experiences, may change during the treatment (BPT). We also looked at: (3) If these pathologies, and/or changes in them, or other characteristics are associated with specific clinical outcomes.

Design: Analysis of data obtained within a pilot randomized controlled trial. Method. In a sample of patients with a diagnosis of chronic schizophrenia, allocated to receive a course of body oriented group psychotherapy, certain parameters were assessed pre- and post-treatment: (1) Ego-pathology, using the ego-pathology inventory (EPI); (2) Body experiences, (size perception/image marking procedure – IMP, body image/body distortion questionnaire – BDQ, and body cathexis/visual-analogue-scales – VAS); and (3) Common symptom factors, using the Positive And Negative Symptom Scale (PANSS). Subjective experiences were also recorded.

Results: Four out of six ego-pathology symptom scores improved over the course of therapy ($t \frac{1}{2} 2:9 - 3:5$, $p, :05 - :01$). Amongst the measures of body experiences, only the body perception indices of the lower extremities changed significantly from underestimation pre-therapy (BPI median 92.3), becoming accurate estimates post therapy (BPI median 101.1). Contrary to the hypothesis a reduction of negative symptoms in chronic schizophrenia patients was not associated with systematic improvements of ego-pathology or body experiences. The strongest predictor of change was a high score of ego-demarkation pre-treatment ($b \frac{1}{4} 0:89$, $p, :001$).

Conclusions: In patients with chronic schizophrenia, body oriented psychological interventions may be effective for both positive therapeutic changes in ego-pathology and negative symptoms, even though these effects are not necessarily related. High scores of ego-pathology at baseline predicted a poor treatment outcome. This finding deserves more systematic studies, as it could potentially identify patients with poorer prognosis and underpin the development of new intervention strategies. Further studies are required to clarify more precisely the exact nature of the processes in BPT.

* **Correspondence** should be addressed to Dr Frank Rohricht, Academic Unit, Newham Centre for Mental Health, London E13

8SP, UK (e-mail: Frank.Rohricht@eastlondon.nhs.uk). DOI: 10.1348/147608308X342932