The Effectiveness of Existential Group Therapy on Social and Emotional Adjustment in Women with Dependent Personality Disorder

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This study aims to investigate the effectiveness of existential group therapy on social and emotional adjustment in women with dependent personality disorder. A pretest-posttest design with a 2-month follow-up was used in the study. Thirty female participants were selected through purposive sampling by using the Millon Clinical Multi-axial Inventory-III questionnaire; subsequently, the subjects completed the Bell Adjustment Inventory. Statistical analysis supports the effectiveness of existential group therapy on social and emotional adjustment; moreover, the changes in the treatment group remained stable during the follow-up. 72.1% of the emotional adjustment variance and 48.6% of the social adjustment variance are explainable by existential group therapy.

Keywords: dependent personality disorder, existential therapy, group therapy, social and emotional adjustment

Introduction

The aim of this paper is to explore the effectiveness of existential group therapy on social and emotional adjustment in women with dependent personality disorder. Dependency becomes a form of psychopathology when there is abnormal dependency, and it causes personal distress and/or functional impairment (Sperry, 2003). The essential feature of dependent personality disorder is a pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation. These behaviors are designed to elicit caregiving and arise from a self-perception of being unable to function adequately without the help of others (American Psychiatric Association, 2013). The need to maintain important links often lead to damaged or unbalanced relationships; social relations are thus limited to few people whom the person depends on (American Psychiatric Association, 2013). This pattern begins by early adulthood and is present in a variety of contexts. Dependent personality disorder is categorized as a “Cluster C personality disorder,” a cluster that also includes avoidant personality disorder and obsessive-compulsive personality disorders, all of which are characterized by anxious and fearful thinking and behaviors (American Psychiatric Association, 2013; Seligman & Reichenberg, 2007).

Yalom (1980) stated that the root of personal and relational problems is a person’s existential suffering. He believed that anxiety emerges from the individual’s efforts, either

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consciously or unconsciously, to cope with the harsh realities of life. Existential therapy teaches that death awareness makes life richer (Prochaska & Norcross, 2006). Feelings of emptiness, neurotic anxiety, the loss of purity, and lack of choice and will all indicate that the person is avoiding facing their existential anxiety (Hosseini, 2013). Existential anxiety is the inevitable result of being confronted with these four existential elements: death, freedom, choice, and isolation. In contrast, meaningfulness and neurotic anxiety are typically out of one’s awareness and tend to immobilize the person (Corey, 2009). Considering that individuals with dependent personality disorder are submissive and do not have the ability to choose independently (American Psychiatric Association, 2013), existential group therapy may be an effective approach for this group.

One of the goals of existential therapy is to challenge patients to discover various life situations and then to choose among these situations (Kaye, 1986). The task of an existential psychotherapist is to convey the knowledge that people should not live a passive existence (i.e., one that is established by random events) but rather that each person should be the creator and author of one’s own life (Bartz, 2009).

Existential group therapy has three main goals (Corey, 2009):
1. Facilitating members to become honest with themselves.
2. Broadening members’ perspectives on themselves and the world around them.
3. Discerning what gives meaning to their present and future lives.

The goals of existential group therapists differ from other psychotherapists in that they seek to understand how people perceive themselves and experience the world. The members are responsible for the way they behave in the group, and this provides a mirror for how they are likely to act in the world (Corey, 2009), so that a dependent person understands how passive s/he is. Members gradually discover ways in which they have lost their direction and then begin to be truer to themselves. Members learn that it is not in others that they find the answers to questions about significance and purpose in life (Corey, 2009); therefore, this type of group can help a dependent person to find one’s own way of life.

McCallum and Piper (1999) implemented a group-oriented partial hospitalization program involving 18 weeks of insight-oriented groups and rehabilitative sociotherapy groups, which resulted in individuals with dependent personality disorder reporting that they found the program to be significantly helpful with learned skills being useful outside of treatment. Nenadić, Lamberth, and Reiss (2017) implemented a short-term group schema therapy program (12-15 sessions), based on the manual by Farrell and Shaw (2012), including both cognitive/behavioral and experiential interventions for in-patients with either borderline or cluster C personality disorders (and axis I co-morbidities) treated in a (sub) acute psychiatric in-patient setting. They found significant reduction of symptoms, and trend-level improvement for schema mode activation, but not maladaptive schemas.

A lot of studies exhibit the effectiveness of existential group therapy on reducing depression (Admasu, Vagrecha, & Endalew, 2015; Margiotta, 2006); reducing frustration, lack of progress, and job burnout; and improving performance and feelings of internal control (Loonstra, Brouwers, & Tomic, 2009). In addition, existential group therapy improved social anxiety levels and quality of life in patients with pulmonary diseases (Godoy et al., 2005) and increased self-efficacy and internal source of control (O’Brien, 2005). Alexander, Neimeyer, and
Follette (1991) showed the effectiveness of existential group therapy on increasing satisfaction and quality of life and reducing feelings of anger and self-negative impressions.

Studies in these areas have carried out in Iran. Hadizadeh, Navabinejad, Valiollah, and Nooranipour (2017) studied the effectiveness of dialectical behavioral therapy on the self-efficacy of females with dependent personality disorder. Results showed that there is a significant difference between the control and test group. Ghomi and Khodadadi Sanghadeh (2016) evaluated the effectiveness of existential group therapy on hopefulness in mothers of children with cancer. Results showed a significant difference in hopefulness of mothers between the two groups. Farsham and Khodabakhsh (2015) investigated the effect of insight-oriented psychotherapy in treating a case of dependent personality disorder. There was a significant decrease in the amount of patient dependence and depression.

However, according to previous research review, there has not been research on the impact of existential group therapy in people with dependent personality disorder. Therefore, the following hypotheses were tested: (1) the effects of existential group therapy on social and emotional adjustment in women with dependent personality disorder, and (2) whether these effects remain stable.

Methods

Participants and Procedures

This research is quasi-experimental with a pretest-posttest design together with a control group and a 2-month follow-up. Thirty female participants were selected from a psychotherapy office in Tehran through purposive sampling method—according to the Millon Clinical Multi-axial Inventory-III (Millon, 1994)—in 2015. They were divided into a treatment group (n = 15) and a control group (n = 15) randomly. The first measurement was through a pretest, while the second measurement was applied one week after the intervention in form of a posttest. Subsequent to the pretest, the treatment group received 9 group therapy sessions each for 150 minutes, while the control group received no intervention.

At the end of the study, group therapy sessions were held for the control group in order to observe ethical issues (see Table 1 for a summary of the sessions).

Table 1. Summary of the existential group therapy sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Goals</th>
<th>Methods</th>
</tr>
</thead>
</table>
| 1       | • Help members understand the therapeutic process  
          • Help members know rules and norms of the group  
          • Lay the groundwork for relationships between members | • Explain formation of existential group therapy  
          • Introduce group rules and norms  
          • Introduce members  
          • Explore members’ concerns and opinions about raised issues |

1 Dr. Hosseini’s psychotherapy office.
<table>
<thead>
<tr>
<th>Page</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>• Increase communication and build group solidarity</td>
</tr>
<tr>
<td></td>
<td>• Increase members’ self-awareness</td>
</tr>
<tr>
<td></td>
<td>• Increase members’ involvement</td>
</tr>
<tr>
<td>3</td>
<td>• Deepen members’ self-awareness</td>
</tr>
<tr>
<td></td>
<td>• Increase members’ awareness of their abilities</td>
</tr>
<tr>
<td></td>
<td>• Increase members’ death awareness</td>
</tr>
<tr>
<td>4</td>
<td>• Help members experience self-originality in relation to others</td>
</tr>
<tr>
<td></td>
<td>• Help members understand and accept inevitable loneliness and death as facts</td>
</tr>
<tr>
<td></td>
<td>• Help members understand the importance of death as a fact for a fruitful life</td>
</tr>
<tr>
<td>5</td>
<td>• Help members overcome social outfitting</td>
</tr>
<tr>
<td></td>
<td>• Acquaint members with the concepts of freedom and choice</td>
</tr>
<tr>
<td></td>
<td>• Inform members of the consequences of freedom and choice</td>
</tr>
</tbody>
</table>

- Persuade members to express their feelings and thoughts
- Teach empathy and feedback to the members
- Help members focus on here and now
- Use and discuss the “destination lab” technique (i.e., “Draw a straight line. The beginning of this line represents your birth and the end is your death. Draw a cross line to show where you are now. Meditate on it for five minutes.”)
- Check members’ ideas and attitudes toward death and non-being
- Use the “calling out” technique (i.e., the name of each person is written on a piece of paper and placed in a bowl, the paper is randomly selected, and the person is summoned aloud; the chosen person does not speak and sits in the group facing away from everybody else).
- Encourage members to give feedback to each other about deep relationships with others
- Have members imagine their death and then conduct an existential analysis of death as the completion of life
- Have members discuss their attitudes and feelings about death
- Use the “dis-identification” technique (i.e., “Draw a line around you and specify: Other things, anything else that goes out of this line is not you; that is, if they are gone, you still exist.”)
- Conduct an existential analysis of freedom and choice
- Survey members’ experiences in the most challenging situations regarding the freedom to choose
- Explain the relationship between freedom and choice in human relations
Encourage members to make new decisions, and describe the concepts of loneliness, self-sufficiency, and the isolation difference with them

- Conduct an existential analysis of responsibility
- Clarify the role of responsibility in personality development and human relations’ improvement
- Encourage members to talk about new decisions and take responsibility for their choices

Help members understand responsibility
Improve members’ sense of responsibility towards themselves and others
Help members understand the relationship between escaping from freedom, choice, and an inability to take responsibility

Use the “cannot ring” technique (i.e., When someone says, “I cannot,” the bell sounds, and the person repeats the sentence with “I do not want to.”)
Check members’ response to the questions of “Am I lonely?” and “Is loneliness painful?” and challenge their answers
Explain the concept of loneliness

Help members confront loneliness
Draw members’ attention to themselves

Conduct existential analysis of purposefulness and meaning seeking in life
Have members share about their experiences of emptiness and futility
Have members discuss their past goals and finding hidden meanings

Help members understand the meaning and purpose of life
Help members find the hidden meanings of their lives and reveal them
Help members choose a goal for the future

Review previous subjects and group process
Explain future challenges because of behavioral-psychological changes
Have members express their feelings and attitudes about their group therapy experience
Have members relate group experience with real life experience
Set a follow-up session
Measures

**The Millon Clinical Multiaxial Inventory-III.** The MCMI-III is a 175-item true/false self-report instrument. The MCM-III identifies 14 personality disorder scales and 10 clinical syndrome scales. The MCMI-III raw scores were transformed and reported as weighted base rate (BR) scores. A good internal consistency ($\alpha = .66-.90$) and stability (test-retest $r = .84-.96$) have generally been found for the MCMI-III scales (Millon, 1994). MCMI-III is one of the most applicable psychological tests, was translated to many languages, and was used in various cross-cultural research studies, including in Iran. The MCMI-III was chosen because it has a reliable and valid scale for measuring personality disorders. As recommended in the manual, a cutoff score of 85 or higher was used as diagnostic criterion. The Persian version of the MCMI-III had good psychometric properties (Dadfar & Lester, 2017).

Many research studies based in Iran have used the MCMI-II, and MCMI-III versions. For example, Khajeh Mogahy (1993) validated MCMI-II in Tehran, Iran. Sharifi (2002; cited in Sharifi, 2007) validated MCMI-III in Isfahan, Iran. Test-retest reliability coefficients were from 0.82 (for PP Delusional Disorder) to 0.98 (for 1 Schizoid). Cronbach’s alpha coefficients were from 0.85 (for B Alcohol Dependence) to 0.97 (for R PTSD) (Dadfar & Lester, 2017).

**The Bell’s Adjustment Inventory.** Hugh Bell designed this inventory, which includes 160 items, in 1961. It has five components: home adjustment, health adjustment, social adjustment, emotional adjustment, and occupational adjustment. In this study, the emotional adjustment subscale and social adjustment subscale were used. The items are presented in “yes/no” questions and a score of 1 is given to “yes” and 0 to “no.” Then, the sum of scores will be calculated for each subscale separately. Bell (1961) reported the reliability of the four subscales of home adjustment, health adjustment, social adjustment, and emotional adjustment as well as the whole scale to be 0.91, 0.81, 0.88, 0.91, and 0.94, respectively. The scale has also shown a high validity in distinguishing the normal from the neurotic. It has also shown correlation with the Eysenck Personality Questionnaire (Eysenck & Eysenck, 1975). Bahrami (as cited in Paknejad & Gramynezhad, 2016) translated this scale into Persian, revised it, and then randomly administered it to 200 people. Cronbach’s alpha coefficient of the Persian version was derived as 0.89. Moreover, Abdifard’s (as cited in Arani, Asayesh, & Hoseini, 2017) study on 15 MA/MS students of the University of Mashhad reported the scale’s Cronbach’s alpha coefficient to be 0.88.

Results

Data obtained from the questionnaires was analyzed using SPSS software. The mean age of the participants was 31.70 years. Sixty percent of participants were married, and 40% were single. 27.6% of participants had an associate degree, 43.3% had a bachelor’s degree, and 30% had a master’s degree. Skewness/Kurtosis is less than 121 and p is more than 0.05 in the Kolmogorov-Smirnov test; therefore, the assumption of normality is verified (Table 2).
Table 2. Test of normality: Skewness, Kurtosis, and Kolmogorov-Smirnov Test

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Skewness</th>
<th>Std. Error</th>
<th>Kurtosis</th>
<th>Std. Error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment</td>
<td>Pretest</td>
<td>-0.43</td>
<td>0.427</td>
<td>-0.678</td>
<td>0.833</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>-0.842</td>
<td>0.427</td>
<td>0.456</td>
<td>0.833</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment</td>
<td>Pretest</td>
<td>0.200</td>
<td>0.427</td>
<td>-1.290</td>
<td>0.833</td>
</tr>
<tr>
<td></td>
<td>Posttest</td>
<td>-0.183</td>
<td>0.427</td>
<td>-1.321</td>
<td>0.833</td>
</tr>
</tbody>
</table>

The homogeneity of variance results in Table 3 shows this assumption is not violated.

Table 3. Tests of between-subjects effects

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>group * emotion</td>
<td>3.605976</td>
<td>0.908943</td>
<td>0.349</td>
</tr>
<tr>
<td>group * social</td>
<td>31.290003</td>
<td>3.730917</td>
<td>0.064</td>
</tr>
</tbody>
</table>

Afterwards, covariance analysis was performed. Table 4 shows that there is a significant difference between the moderated mean of emotional adjustment and social adjustment according to the group at posttest stage by eliminating the effect of pretest scores. The existential group therapy increased the level of emotional adjustment and social adjustment in posttest. 72.1% of the emotional adjustment variance and 48.6% of the social adjustment variance are explained by existential group therapy (Table 4).

Table 4. Covariance analysis of emotional adjustment and social adjustment in both groups after adjusting pretest scores

<table>
<thead>
<tr>
<th>Source</th>
<th>Dependent Variable</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Emotional</td>
<td>275.333</td>
<td>1</td>
<td>275.333</td>
<td>69.637</td>
<td>0.000</td>
<td>0.721</td>
</tr>
<tr>
<td></td>
<td>adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social</td>
<td>235.743</td>
<td>1</td>
<td>235.743</td>
<td>25.527</td>
<td>0.000</td>
<td>0.486</td>
</tr>
<tr>
<td></td>
<td>adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One-way ANOVA with repeated measures was conducted for comparing emotional adjustment test scores at time 1 (baseline), time 2 (after the intervention), and time 3 (two months later). The analysis result was $p < 0.0005$, $F = 67.55$, Wilk’s Lambda = 0.088; Partial Eta Squared = 0.912, which indicates a very large effect size. The average from time 2 to time 3 nearly shows no change. Therefore, emotional adjustment remained constant at the follow-up time (Table 5).

Table 5. Descriptive statistics for emotional adjustment at Time 1, Time 2, and Time 3

<table>
<thead>
<tr>
<th>Time</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (baseline)</td>
<td>15</td>
<td>22.07</td>
<td>4.383</td>
</tr>
<tr>
<td>Time 2 (after the intervention)</td>
<td>15</td>
<td>14.93</td>
<td>4.061</td>
</tr>
<tr>
<td>Time 3 (two months later)</td>
<td>15</td>
<td>14.53</td>
<td>3.642</td>
</tr>
</tbody>
</table>
One-way ANOVA with repeated measures was conducted for comparing social adjustment test scores at time 1 (baseline), time 2 (after the intervention), and time 3 (two months later). The analysis result was $p < 0.0005, F = 21.161$, Wilk’s Lambda $= 0.235$; Partial Eta Squared $= 0.765$, which indicates a very large effect size. The average from time 2 to time 3 nearly shows no change. Therefore, social adjustment remained constant at the follow-up time (Table 6).

<table>
<thead>
<tr>
<th>Time</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (baseline)</td>
<td>15</td>
<td>20.73</td>
<td>6.017</td>
</tr>
<tr>
<td>Time 2 (after the intervention)</td>
<td>15</td>
<td>13.47</td>
<td>5.194</td>
</tr>
<tr>
<td>Time 3 (two months later)</td>
<td>15</td>
<td>13.87</td>
<td>5.012</td>
</tr>
</tbody>
</table>

**Discussion**

This study aimed to evaluate the effectiveness of existential group therapy on social and emotional adjustment in women with dependent personality disorder. For this purpose, two hypotheses were developed, and both have been confirmed. Results show that existential group therapy significantly affects social and emotional adjustment of this population. This finding is consistent with the studies carried out by Admasu et al. (2015), Loonstra et al. (2009), Margiotta (2006), and O’Brien (2005).

Important features of people with dependent personality disorder are the inability to make decisions, aimlessness, fear of loneliness, fear of helplessness and loss of loved ones’ support, inability to express feelings, and agreeing to anything in an effort to avoid rejection. On the other hand, main assumptions of existential therapy include choice, will, responsibility, awareness, death, loneliness, freedom, and emptiness. Therefore, this method works perfectly in line with dependent people’s weakness and raises their knowledge in this field. This approach can be considered a proper treatment for this group of people. In people with dependent personality disorder, spirituality layers (death, emptiness, loneliness, etc.) are weak, and they have a poor self-concept, so they depend on others in all aspects of their lives and have low adjustment ability. Existential group therapy can help them to adjust to their surroundings better by increasing their awareness and strengthening their spiritual layers.

On the other hand, the individual’s anxiety is decreased by participating in existential group therapy; thus, participants can be more successful, and they can effectively use their problem-solving skills (Sarason, 1984). Thereby, it increases confidence and good personal adjustment (Kleinke, 2008).

Finally, based on the findings in this research and those confirmed by other researchers, psychotherapists and counselors can apply this approach in order to increase the spirituality among their clients, especially dependent ones. Similar studies with longer follow up periods and a variety of other existential techniques are recommended for further confirmation of results.
References


