PSYCHOTERAPIA 1 (184) 2018
strony: 79–92

Zbigniew Wajda

PERCEPTION OF BONDING WITH PARENTS AND CHANGE OF SYMPTOMS INTENSITY IN PATIENTS ATTENDING SHORT-TERM PSYCHODYNAMIC-INTERPERSONAL GROUP PSYCHOTHERAPY

Neurosis and Eating Disorders Treatment Centre „Dąbrówka", Gliwice, Poland

Summary

Objectives: The aim of the research was to check whether during short-term psychodynamic-interpersonal group psychotherapy a change in the perception of bonding with parents occurs and if it is associated with a change in the intensity of neurotic symptoms.

Methods: A group of 107 patients who suffered from neurosis, personality disorder, or eating disorder participated in a 12-week intensive group psychotherapy. Tools: Parental Bonding Instrument (PBI) to evaluate the perception of bonding with parents, and Symptom Checklist KO SII to evaluate the intensity of neurotic symptoms. Measurements were made at the beginning and at the end of the psychotherapy.

Results: a) There was a change in perception of bonding with parents during psychotherapy regarding care and control of the mother, control of the father and a change in the intensity of neurotic symptoms when the results were analyzed among the whole group. b) There was no correlation between the change in perception of bonding with parents and the change in intensity of neurotic symptoms. c) The analysis allowed to distinguish three clusters with characteristic profiles.

Conclusions: a) In the whole study group we noticed a change in perception of parental bonding, whereas among the distinguished three clusters the observed changes were not significant. b) The analysis did not show any association between the change in perception of bonding with parents and the change in intensity of neurosis symptoms. c) Cluster analysis allowed to distinguish three characteristic profiles, each representing a different pattern of parental bonding. d) The study has, however, methodological limitations, e.g. a relatively small study group, heterogeneous diagnosis, or different age and gender of the participants.

group psychotherapy, parental bonding

Introduction

The quality of a child's relationship with its parents has a significant impact on its later functioning and the possible emergence of psychopathology in adulthood, which has been confirmed by many studies [1-3]. One of the most influential concepts describing this phenomenon is widely known in psychology and psychiatry as the "attachment theory" by John Bowlby [4-6]. Bowlby's theses are still being developed by many researchers and theoreticians, and research in this area includes newer areas and viewpoints on specific issues. Parker, Tupling and Brown [7] attempted to operationalize attachment in relation to the dimensions of maternal behavior towards the child, described by Bowlby's co-worker – Mary Ainsworth. At the same time, they noted that the author's descriptions overlook the aspect of the father's behavior. They

developed a tool - the Parental Bonding Instrument (PBI), with which one can examine the retrospective perception of the relationship with both parents in two dimensions, i.e. care and control. It also gives the possibility to divide the perceived bonds into four categories of attachment styles, separately for the mother and for the father. The hypothesis regarding this model assumes that the optimal style, most conducive to mental health, is observed with a high level of care and a low level of control from the parent.

Parker and co-authors' concept enjoys great interest, hence the PBI tool has been verified and used in many studies. For example, in the USA, a large number of patients (n = 5,877) with a very wide spectrum of disorders were examined - from depression and PTSD, through various types of anxiety disorders, to personality and addiction disorders [1]. Studies have shown that, in particular, a low level of care, as measured by PBI, is a predictor of these disorders. It was also found that the most important in the majority of disorders is the perception of the relationship with the mother. Exceptions were externalizing disorders in the group of men, in which high control from the father was associated with a lesser intensity of antisocial disorders, and high control from the mother with a greater intensity. These results may suggest that in some cases, a special compilation of care and control dimensions of the mother and the father may be a protective factor. The above studies were replicated on the Dutch population [8] - also a large group of people was examined (n = 4,796). Again, the lack of parental care together with over-control were associated with some mental health disorders, and the nature of the bond with parents explained from 1% to 5% of the variance in the prevalence of psychopathology.

Research with the use of PBI was also conducted in Poland. They showed, among others, that in adolescents with behavioral and emotional disorders, there is a negative correlation between maternal care and anxiety intensity as a trait [9], mother's care and father's control and the sense of resentment, as well as mother's and father's control and lower irritability in adolescents with disorders of behavior and emotions [10]. In other studies, in a non-clinical group of girls in late adolescence, maternal care was a predictor of a lower level of withdrawal and anxiety and depression, while the care of the father was a predictor of a lower level of somatic complaints and thinking disorders. In the same group, maternal control was a predictor of a higher level of attention disorders and aggressive behavior, and the control of the father a predictor of greater intensity of social problems [11].

The most comprehensive survey on work using the Parental Bonding Instrument was carried out by Parker himself [12]. This tool was used by him in very different contexts (mainly clinical) to describe the perception of relationships with parents in groups of patients with different diagnoses, including depression, anxiety disorders, eating disorders etc. and the correlation of the results with various other psychological factors. The main hypothesis of Parker et al.'s [7] model, which states that a high level of care and a low level of parental control is conducive to mental health, has been confirmed. It should be added that weaker associations between the results in PBI and psychopathology were noticed in patients with disorders with a larger biological-psychiatric component (e.g. schizophrenia, endogenous depression, etc.) [13].

The attachment concept can also explain many phenomena in psychotherapy [14, 15], although up to now there have been relatively few reports published regarding the perception of early attachment relationships and their reflection on this form of treatment. One of the first was conducted by Chambers et al. [16]. It included people diagnosed with anxiety disorders. Patients who were still anxious after 3 and 14 years after the end of therapy obtained a lower score in the parental care dimension and a higher score in the parental control dimension in PBI, compared to people among which such a disorder was no longer present.

Ryum et al. [17] described studies on patients participating in individual and group psychotherapy. The results showed that a higher level of paternal care, as well as a higher level of control from both parents, correlated with better results in individual cognitive-behavioral psychotherapy. A higher level of control was also correlated with better effects of both group cognitive-behavioral psychotherapy and non-specific individual therapy (TAU - Individual Treatment as Usual). The authors of this study note that although PBI is a promising tool for therapy planning, it is not as universal as previously thought and probably only concerns specific groups of patients. In addition, the results of these studies showed that the PBI dimensions are not linear, but rather curvilinear, which would mean that an average intensity of care and control from the caretakers is the most optimal for mental health and the psychotherapy process. Therefore, they are in contradiction with the main hypothesis of Parker et al.'s [7] model and the majority of studies showing that a high level of care and a low level of parental control are optimal.

In turn, Láng [18] conducted a research with the use of PBI, which showed that the dimension of care from the father correlates negatively with the avoiding style of attachment to the psychotherapist and at the same time positively with favourable attitudes towards individual psychotherapy. Johnstone et al. [19] compared the results of psychotherapeutic treatment in the interpersonal (IPT) and cognitive-behavioral (CBT) approach towards adults with depression in the context of their childhood experiences. Among other things, the PBI tool was used to determine the perception of relationships with parents. The authors state that maternal care and paternal control are predictors of psychotherapy treatment for people with depression: a) maternal care is a predictor of the results of both therapy types, with its average level being optimal; b) people with low or high levels of maternal care obtained lower results in IPT, as opposed to CBT, where people with low, medium and high levels of maternal care have obtained high results; c) patients with a high level of control from the father achieved lower results in IPT.

Hoffart-Lunding and Hoffart [20] investigated the changes in perception of bonds with parents as a result of cognitive-behavioral schema therapy in people diagnosed with agoraphobia and personality disorders. The therapy program included individual, group and workshop sessions. One year after the end of therapy, patients perceived maternal care as significantly lower than in the study before the start of therapy. In addition, it turned out that a smaller change in the perception of maternal care correlated with smaller changes in the overall outcome of personality disorders from the DSM-IV bundle C.

It should be added that until now most of the research on the aspects of bonds in psychotherapy referred to the style of attachment in interpersonal relationships in adulthood. Although they may be related to the bonding style in childhood, they probably constitute a separate category [14]. The review of these studies, however, goes beyond the scope of this article.

In the area of psychotherapy, many theoretical approaches, especially in the psychoanalytical and psychodynamic trend, focus on early parent-child relationships (more often mother-child). Thus, the content of therapeutic sessions with patients often oscillates around this subject, seeking emotional insight into the nature of childhood relationships with parents, understanding their impact on the current functioning, as well as cognitive reconstruction of the image of these relationships [21, 22]. This can lead to a change in the perception of such a relationship with parents. As the review of the literature indicates, attachment relations and their retrospective perception may themselves be predictors of the course and effectiveness of psychotherapy, including group psychotherapy. However, very little is known about whether there may be a change in the perception of relationships with parents during psychotherapy and whether it is connected with the effectiveness of psychotherapeutic treatment, understood as a change in the severity of symptoms. Hence, studies were designed that could provide information in this area.

The main aim of the present research was to check whether during a short-term psychodynamic-interpersonal group psychotherapy there is a change in the perception of relationships with parents and whether this is related to the change in the severity of neurotic symptoms.

Research hypotheses were stated which assumed that during short-term group psychotherapy conducted on the basis of a psychodynamic-interpersonal approach: 1) patients undergo changes in the retrospective perception of relationships with their parents; 2) changes in the retrospective perception of relationships with parents are related to the change in the severity of neurotic symptoms; 3) specific patient profiles exist, characterized by a specific level of care and control with parents and a specific severity of neurotic symptoms.

Materials and methods

Subjects

The study involved 141 people, however, after excluding incorrectly completed questionnaires and people who did not complete the full drop-out cycle, 107 people were available for further analysis. They participated in a short-term group psychotherapy in a psychodynamic-interpersonal approach. 40 were men, 67 were women, the youngest person was 18 and the oldest 54 years old, the average age was 33 years. Diagnoses according to ICD-10 were as follows: 66 participants had a diagnosis of neurotic disorders, 25 participants had a diagnosis of personality disorders, and 16 participants had a diagnosis of eating disorders. Detailed data is provided in Table 1 below.

Table 1. **Characteristics of the studied group**

Variable	Group n = 107	n (%)
Sex	Men	40 (37.38%)
	Women	67 (62.62%)
Age	Average age min-max Median	33 18-54 31
Education	Higher	60 (56.07%)
	Secondary	32 (29.91%)
	Postsecondary	7 (6.54%)
	Vocational	4 (3.74%)
	Lower secondary	2 (1.87%)
	Primary	2 (1.87%)
Diagnosis	Neurotic disorders	66 (61.68%)
	Personality disorder	25 (23.36%)
	Eating disorders	16 (14.95%)

Treatment with group psychotherapy

The studies were conducted in the therapeutic group at the Day Ward in the Center for Treatment of Neurosis and Eating Disorders "Dąbrówka" in Gliwice. The study period lasted from September 2012 to July 2015. The therapeutic group worked in a continuous 12-week system, which means that a new person was entering the place of a leaving person. Usually, one person was admitted to the group, less often two, diagnosed with neurotic disorders, personality disorders or eating disorders (according to the ICD-10 classification). The group psychotherapy was intense: three-hour therapy sessions every day from Monday to Friday (15 hours per week), conducted by two certified psychotherapists - a woman and a man, with the cooperation of two interns. The work of the therapeutic team was subject to regular supervision.

The psychotherapy was conducted on the basis of psychodynamic and interpersonal approaches, which means that the therapists strengthened such aspects of group work as free verbal activity, analysis and understanding of problems in the context of one's own life history, in particular in the context of relationships with key caretakers, building group cohesion, free exchange of feelings, thoughts and feedback about the functioning of the participants, using the "here and now" technique, commenting on the group process, building the "watching ego" of the group, creating an atmosphere that gives the possibility of a corrective emotional experience. In addition, the therapists cared to maintain a repetitive setting, were attentive towards possible transgression of group rules, commented on the behavior of individual patients and group phenomena, avoided uncovering themselves, directiveness, giving advice and direct guidance. An important element of the work were also interpretations, including genetic interpretations, interpretations of transference phenomena, interpretations explaining defense mechanisms and interpersonal styles of individual patients.

Study procedure

The research was conducted using questionnaire methods at the beginning and at the end of treatment with short-term group psychotherapy: on the first day of therapy and in the last week the patients filled in, with consent, a set of research tools.

Research tools

1) *Parental Bonding Instrument* (PBI) - a questionnaire written by Parker et al. [7] in the Polish translation of Agnieszka Popiel and Monika Sitarz. The subject addresses 25 statements describing the behavior of parents - separately of the mother and of the father, on a 4-point scale: from "very like" to "very unlike". The results allow for a description of dyadic relationships with parents in the dimensions of care and control. The dimension of care can range from coldness and emotional rejection to emotional warmth that parents give. The dimension of control extends from psychological autonomy to excessive influence and control by parents. On the basis of these two dimensions, it is possible to distinguish four styles of attachment. The examined person can describe the relationship with parents (separately with the mother and separately with the father) as:
    1. Optimal parenting - high care and low control from the parent.
    2. Affectionate constraint - high care and high control from the parent.
    3. Affectionless control - low care and high control from the parent.
    4. Neglectful parenting - low care and low control from the parent.

    The authors assume that the most optimal for human development and its functioning is the relationship in which the parental object exhibits a high degree of emotional care and a low level of psychological control, which is included in the optimal style.
2) Symptom checklist II by Aleksandrowicz [23], allowing to determine the overall level of neurotic symptoms. It has been developed at the Department of Psychotherapy of the Jagiellonian University - Collegium Medicum and is a derivative of the SCL-90 questionnaire. The questionnaire consists of 85 closed questions / statements.

Also, the possibility is given to note down 3 additional symptoms that are not included in the list of closed questions. For each item, the subject can answer by marking "0" - the nuisance did not occur last week; "a" - the nuisance was present, but it was only slightly severe; "b" - the nuisance occurred last week and was moderately severe; "c" - this nuisance was very severe.

In the standardization procedure, 742 completed questionnaires were used, of which 593 were completed by persons applying for psychiatric treatment due to neurotic disorders or personality disorders and 149 by persons who were not treated. The results of the analysis allowed to determine the cut-off point between healthy people and patients amounting to 165 points. The reliability of the questionnaire (stability) ranged from 75% to 87% of the answers' compliance.

3) Personal questionnaire prepared by the author of the report, with questions allowing for later characterization of the examined group.

Statistical analysis

The statistical analysis included three stages: 1) Conducting simple comparisons of results obtained at the beginning and at the end of treatment using the Student's t-test for dependent groups; 2) Checking possible correlations between attachment dimensions, their change and severity of neurotic symptoms, using the r-Pearson correlation coefficient, 3) performing cluster analysis of the obtained results, preceded by standardization of raw results, to be able to compare variables described on different point scales. In all analyses, the statistical significance level was 0.05.

Results

In the first point of the analysis of the results, Student's t-test for dependent groups was performed in order to compare the results of the whole group at the beginning and at the end of therapy (at week 1 and week 12). The results of this analysis are presented in Table 2 below.

Table 2. **Comparison of average results regarding the dimensions of bonds with the mother and the father, and severity of symptoms at the beginning (week 1) and at the end (week 12) of group psychotherapy, Cohen's d size index (n = 107)**

Variables: dimensions of attachment and symptoms	Average (standard deviation)		Difference	Student's t	df	Statistical significance	Cohen's d
	1st week of therapy	12th week of therapy					
Mother-care	16.28 (10.37)	15.02 (9.35)	-1.26	-2.37	106	0.02	-0.13
Mother-control	18.00 (8.92)	19.48 (8.82)	1.48	2.85	106	0.005	0.17
Father-care	11.36 (8.43)	11.52 (7.82)	0.16	0.31	106	s.i.	0.02
Father-control	15.07 (8.93)	16.26 (9.08)	1.19	2.47	106	0.015	0.13
Severity of symptoms	289.14 (108.85)	194.50 (122.60)	-94.63	-9.33	106	0.001	-0.82

s.i.- statistically insignificant

As shown in Table 2 above, the values of variables in the last week of therapy differed significantly from the values of variables in the first week of psychodynamic-interpersonal group psychotherapy for the dimensions of maternal care and maternal control, father control, and severity of symptoms. The perception of paternal control did not change significantly during the therapy. Cohen's d for these variables reached low values. There was also a statistically significant reduction in symptoms; in this case, Cohen's d value should be interpreted as relatively high.

In the second stage of analysis of the obtained results, possible correlations between the dimensions of the bonds and their change and the severity of symptoms and their reduction during group therapy were

checked. This step revealed no statistically significant correlations, which can be understood as the lack of association between the dimensions of bonds and their change and the severity of symptoms.

In the third stage, raw results were standardized in order to compare the variables described on different point scales (the variable obtains the average expected value 0 and standard deviation 1). Cluster analysis was then performed. The results were presented in the following Table 3 and in Chart 1.

Table 3. **Cluster analysis results**

Variables		Cluster 1 (n = 35)	Cluster 2 (n = 30)	Cluster 3 (n = 42)	df	F	p
1st week of therapy	Severity of symptoms	-0.08	-0.34	0.31	104	4.15	0.018
	Mother-care	-0.35	1.20	-0.56	104	70.34	0.001
	Mother-control	-0.32	-0.41	0.56	104	13.49	0.001
	Father-care	-0.82	0.48	0.34	104	26.26	0.001
	Father-control	-0.80	0.24	0.50	104	24.94	0.001
12th week of therapy	Severity of symptoms	-0.04	-0.28	0.23	104	2.39	0.097
	Mother-care	-0.26	1.07	-0.54	104	44.78	0.001
	Mother-control	-0.51	-0.16	0.54	104	13.71	0.001
	Father-care	-0.62	0.37	0.26	104	12.35	0.001
	Father-control	-0.75	0.37	0.36	104	20.00	0.001
Difference between the 12th and the 1st week of therapy	Severity of symptoms	0.04	0.03	-0.05	104	0.09	0.913
	Mother-care	0.22	-0.45	0.13	104	4.55	0.013
	Mother-control	-0.30	0.42	-0.04	104	4.51	0.013
	Father-care	0.39	-0.23	-0.17	104	4.29	0.016
	Father-control	0.06	0.26	-0.23	104	2.26	0.109

The above Table 3 shows that, as a result of the cluster analysis in the studied group, three clusters of 35, 30 and 42 people can be specified, differing significantly in the majority of the examined variables. Selected variables from the first and last week of therapy, which were statistically significantly different within the identified clusters ($p < 0.05$) are presented below in Chart 1. It can be seen that cluster 2 is characterized by the highest level of maternal care and a relatively low level of maternal control, which most closely resembles the optimal bonding style. In cluster 2, the severity of symptoms was the lowest from the very beginning. On the other hand, the highest intensity of symptoms at the beginning of therapy was in cluster 3, which is characterized by the lowest level of maternal care and the highest level of control by the mother. It can be noticed that changes in the perception of relationships with parents during the 12-week therapy changed only slightly for particular clusters.

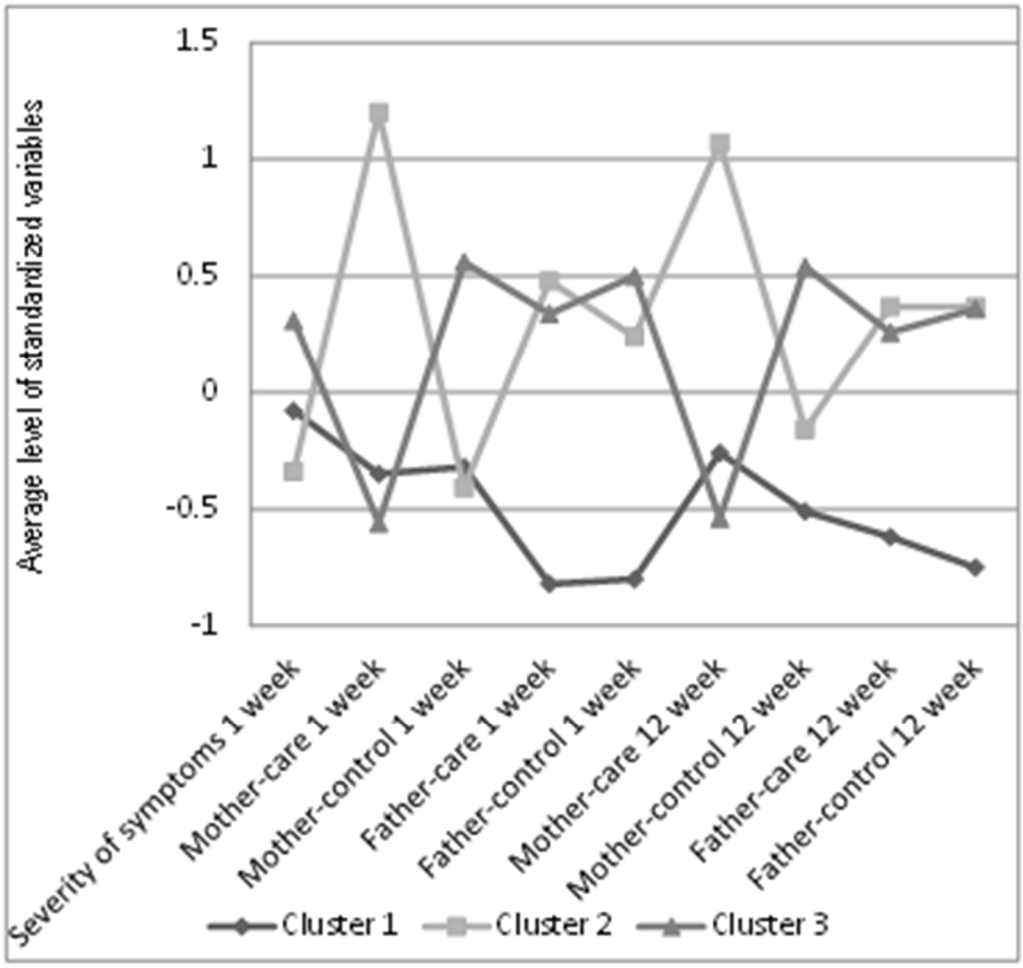

Chart 1. **Profiles of individual clusters for variables that have obtained statistical significance**

Discussion of results

Reports from research on the relationship between perception of bonds with parents and psychotherapy have been relatively few so far, compared to studies on attachment in adulthood in the context of psychotherapy. The research described here explores this subject, examining changes in the perception of relationships with parents during a short-term, intense psychodynamic-interpersonal group psychotherapy and changes in the severity of neurotic symptoms in patients with neurotic disorders, personality disorders, and eating disorders.

The obtained results showed that within the entire study group there were changes in the perception of bonds with parents, except for the perception of care from the father. After therapy, the study group perceived their mothers as less caring in childhood, and at the same time, both mothers and fathers as more controlling. As shown by the research of other authors, a higher score on the paternal control dimension is a protective factor [1], it also appeared to be a predictor of better effects of cognitive-behavioral therapy [17]. In the study described by Hoffart-Lunding and Hoffart [20], a year after the end of therapy, patients

perceived maternal care as significantly weaker than in the study before the start of therapy. In our study, during the psychodynamic-interpersonal psychotherapy, which the examined patients performed, the change in the perception of relationships with parents may have occurred as a result of discussing these relationships, analyzing their impact on the current life, weakening of non-adaptive defense mechanisms, and feedback obtained from other participants of therapy. However, as the values of the Cohen's d effect size showed, the changes in the perception of relationships with parents were not too high at the level of the whole group. During therapy, the average level of severity of neurotic symptoms in the study group decreased, and the Cohen's d index for this change was relatively high, which is consistent with numerous reports on the efficacy and effectiveness of group psychotherapy [24].

In the further analysis, possible correlations between perceived dimensions of bonds and their change and severity of neurotic symptoms were checked. It turned out that in this case the weakening of these symptoms is not related to the change in the perception of the relationship, but probably to the effects of other treatment factors in group psychotherapy, which were not controlled in this study. Only one previous study, performed by Hoffart-Lunding and Hoffart [20], examined changes in the perception of bonds with parents as a result of the psychotherapeutic process and changes in the field of psychopathology. The study involved people with agoraphobia and personality disorders, subjected to cognitive-behavioral schema therapy, the program of which included individual, group and workshop sessions. It turned out that a smaller change in the perception of maternal care correlated with smaller overall changes in personality disorders from the bundle C according to DSM IV (PD-C index by tool SCID II). Other studies did not include the measurement of changes in perception of relationships with parents during or after psychotherapy [17, 18], and in the study of Chambers et al. [16], the perception of bonds with parents was measured only once, after the end of treatment. In the study of Johnstone et al. [19], the dimensions of care and control were predictors of psychotherapy effects in the interpersonal and behavioral-cognitive approach, but a comparison is hampered by the fact that this work concerned individual therapy, the study group consisted of patients with a unified diagnosis - depression, and the dimensions of the relationship with the parents were treated as an independent variable, without checking whether changes occurred in this area.

Perhaps the lack of correlation between the change in perception of relationships with parents and changes in the severity of neurotic symptoms can also be explained by the fact that the relationship with parents in childhood may be important for changing more internal, psychological personality aspects of functioning, such as self-esteem, personality traits, or attitudes towards others and oneself (as in internal operating models), but less for the direct change of medically understood neurotic symptoms. This hypothesis may be supported by the results obtained by Hoffart-Lunding and Hoffart [20], according to which the variables related to Early Maladaptive Schemas have changed. In this study, maternal control correlated positively with such cognitive schemas as impaired autonomy and exaggerated standards. Taking into account the fact that the dimensions or patterns of bonds with parents have a quite stable character

[25], similarly to internal operational models, there is also a lack of reports from patients who have had longer psychotherapy, and thus would be exposed for a longer time to therapeutic agents that can change relatively constant psychological dispositions. The present study was conducted on people participating in a 12-week therapy, and Hoffart-Lunding and Hoffart's [20] research on participants of an 11-week therapeutic program, i.e. in a relatively short time perspective.

At the final stage of the analysis of the results, a cluster analysis was carried out, which showed three significantly different concentrations. It can be said that they reflect the attachment styles detailed by Parker et al. [7] in the PBI. The first cluster, in which we see low results in terms of both dimensions for both father and mother, is characterized by neglectful parenting. In the second cluster, we see a high level of maternal care and a low level of maternal control - which corresponds to the optimal parenting style, and a relatively high level of care and control from the father, which characterizes the affectionate constraint style. It can be seen that this group of patients is characterized by the lowest level of symptoms in the first week of therapy. The third cluster shows a low level of maternal care and a high level of maternal control characterized as affectionless control, and a high level of care and control from the father - affectionate constraint style. The last cluster is characterized by the highest level of symptoms at the beginning of therapy, which is consistent with many reports from research, as high control from the mother with low care is very often associated with the psychopathology of patients [12, 13, 26]. Cluster analysis also showed that changes in the dimensions of care and control after therapy are inappreciable for individual clusters, unlike the Student's t-test for the entire study group has shown. This should be interpreted in such a way that these changes are so small that they are only noticeable at the level of the whole group, but they do not have a significant meaning for individual participants, as well as individual subgroups of patients distinguished in the cluster analysis.

The study described here has many limitations. Firstly, the study group was not homogeneous in terms of sex, age and diagnoses - in the therapeutic group, people diagnosed with neurotic disorders, personality disorders and eating disorders, men and women were treated together, and the age range was quite large. It should also be noted that the study group was relatively small. During the statistical analysis for the whole group (n = 107) there were significant changes in both the perception of bonds with parents and in the range of neurotic symptoms, which were not obtained after the division of the group into individual bundles separated by cluster analysis, which resulted in much lower numbers of subjects (n = 35, n = 30, n = 42). This may suggest that the statistical significance of the results, in this case, was a function of the size of the group included in the analysis.

Secondly, specific measurement methods for distinct diagnostic subgroups (e.g. body weight, diet, or compensatory behaviors in the subgroup of people with eating disorders) were not included, and only the general severity of neurotic symptoms was taken into account.

Thirdly, the second measurement of the perception of the bonds as well as the severity of neurotic symptoms was made only directly at the end of the therapy and possible changes after some time (follow-up study) were not investigated. No control group was created in the study.

It should also be added that the research was conducted in the context of short-term psychodynamic-interpersonal group psychotherapy. This means that on the one hand, topics on exploring children's relationships with their parents appeared during therapy, but on the other hand, therapeutic interventions were not strategically directed at changing the perception of relationships with parents. In addition, the group operated on the principle of high rotation of patients, i.e. in a relatively unstable social environment. All the above-mentioned reservations may affect the ambiguity of the image of the obtained results and indicate that the results should be interpreted with caution.

Summary

In the literature on the subject, we rarely find descriptions of research that focus on changing the perception of relationships with parents during the psychotherapeutic process. This article presents the topic of bonds in the context of short-term psychodynamic-interpersonal group psychotherapy of patients with neurotic disorders, personality and eating disorders. The results showed what follows:

- A change in the entire study group for the dimensions of maternal care and maternal control, the control of the father and a change in the severity of neurotic symptoms at the end of the group psychotherapy process was observed. The perception of paternal care in the whole group did not change significantly during the therapy.
- There was a lack of correlation between the change in the perception of bonds with parents and the change in the severity of symptoms in the study group. It can be concluded that the change in the severity of neurotic symptoms was due to other factors than a change in the perception of relationships with parents.
- The existence of three different clusters of results giving characteristic profiles that differed from each other was shown. In contrast to the analysis carried out on the whole group, no significant changes were noted in each individual cluster, neither in terms of perception of bonds nor in terms of severity of neurotic symptoms.

The presented research has its limitations, mainly of methodological nature, including a strongly inhomogeneous characterization of the subjects, the small size of the study group, and the lack of a control group. This narrows the possibilities of making generalizations and interpretations. Few research so far in this area and the ambiguity of the results indicate the need for further exploration of this research area.

References

1. Enns MW, Cox BJ, Clara I. Parental bonding and adult psychopathology: results from the US national comorbidity survey. Psychol. Med. 2002; 32: 997–1008.
2. Green JG, Mclaughlin KA, Berglund PA, Gruber MJ, Sampson NA, Zaslavsky AM et al. Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. Arch. Gen. Psychiat. 2010; 67: 113-123.
3. Kessler RC, Mclaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM et al. Childhood adversities and adult psychopathology in the WHO world mental health surveys. Brit. J. Psychiat. 2010; 197: 378–385.
4. Bowlby J. Attachment and loss (t. I). London: Hogarth Press and the Institute of Psycho-Analysis; 1969.
5. Bowlby J. Attachment and loss (t. II). London: Hogarth Press and the Institute of Psycho-Analysis;1973.
6. Bowlby J. Attachment and loss (t. III). London: Hogarth Press and the Institute of Psycho-Analysis; 1980.
7. Parker G, Tupling H, Brown L. Parental Bonding Instrument. Br. J. Med. Psychol. 1979; 52: 1–10.
8. Overbeek G, Haveten M, Vollebergh W, Graaf de R. Parental lack of care and overprotection. Longitudinal associations with DSM-III-R disorders. Soc. Psych. Psych. Epid. 2006; 42: 87–93.
9. Iniewicz G, Dziekan K, Wiśniewska D i Szuszkiewicz A. Wzory przywiązania a lęk u adolescentów z diagnozą zaburzeń zachowania i emocji. Psychiatr. Pol. 2011; 45 (5): 693–702.
10. Iniewicz G, Wiśniewska D, Dziekan K. i Szuszkiewicz A. Wzory przywiązania i zachowania agresywne wśród młodzieży z diagnozą zaburzeń zachowania i emocji. Psychiatr. Pol. 2011; 45 (5): 703–711.
11. Wajda Z. Percepcja relacji między rodzicami oraz wzory przywiązania a nasilenie objawów psychopatologicznych u dziewcząt w późnej adolescencji. Psychiatr. Pol. 2013; 47 (5): 853–864.
12. Parker G. Parental Bonding Instrument. Annotated bibliography of PBI. Sydney: Black Dog Instytute; 1999.
13. Gladstone, GL, Parker GB. The role of parenting in the development of psychopathology: an overview of research using the Parental Bonding Instrument. W: Hudson J, Rapee R, red. Psychopathology and the family. Boston MA: Elsevier; 2005, p. 21–34.
14. Wallin DJ. Attachment in psychotherapy. New York: The Guilford Press; 2007.
15. Marmarosh CL, Markin RD, Spiegel EB. Attachment in group psychotherapy. Washington DC: American Psychological Association; 2013.
16. Chambers JA, Power KG, Durham RC. Parental styles and long-term outcome following treatment for anxiety disorders. Clin. Psychol Psychot. 2004; 11: 187–198.
17. Ryum T, Vogel PA, Hagen R, Stiles TC. Memories of early attachment: the use of PBI as a predictor of outcome in pesso-boyden system psychomotor (PBSP) group therapy, cognitive-behavioural group therapy (CBGT), individual cognitive-behavioural therapy (CBT) and individual treatment as usual (TAU) with adult out-patients. Clin. Psychol Psychot. 2008; 15: 276–285.
18. Láng A. Effects of perceived parental bonding on therapeutic attachment avoidance and patients' attitude toward psychotherapy. W: Lancaster AJ, Sharpe O, red. Psychotherapy: new research. Hauppauge: Nova Science Publishers; 2012, p. 85–100.
19. Johnstone JM, Carter JD, Luty SE, Mulder, RT, Frampton CM, Joyce PR. Maternal care and paternal protection influence response to psychotherapy treatment for adult depression. J. Affect. Disorders. 2013; 149(1–3): 221–229.
20. Hoffart-Lunding S, Hoffart A. Perceived parental bonding, early maladaptive schemas and outcome in schema therapy of cluster C personality problems. Clin Psychol. Psychother. 2016; 23(2):107–117.
21. Gabbard GO. Psychodynamic psychiatry in clinical practice. Arlington VA: American Psychiatric Publishing; 2014.
22. Clarkin JF, Fonagy P, Gabbard GO, red. psychodynamic psychotherapy for personality disorders: a clinical handbook. Washington DC–London, England: American Psychiatric Publishing; 2010.
23. Aleksandrowicz JW. Kwestionariusz S-II. Psychiatr. Pol. 2000; 34 (6): 945–959.
24. Burlingame GM, Strauss B, Joyce AS. Change mechanisms and effectiveness of small group treatment's. W: Lambert MJ, red. Bergin and Garfield's handbook of psychotherapy and behavior change, 6th Edition. New York: John Wiley and Sons; 2013, p. 640–689.

25. Pinquart M, Faußner C, Anhert L. Meta-analytic evidence for stability in attachments from infancy to early adulthood. Attach. Hum. Dev. 2013; 15 (2): 189–218.
26. Avagianou PA, Zafiropoulou M. Parental bonding and depression: Personality as a mediating factor. Int. J. Adolesc. Med. Health. 2008; 20 (3): 261–269.

E-mail address: zbigniew.wajda@uj.edu.pl