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Characteristics of Patients Treated Psychotherapeutically in the Outpatient Clinical Setting

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SUMMARY

The influence of social changes in transitional country and transitional times, among other things, have made changes in the structure of the patients seeking psychotherapeutic treatment. However, there has not been any research studying characteristics of patients in psychotherapeutic treatment. The aim of our study was to establish socio-demographic, clinical and psychodynamic characteristics of patients psychotherapeutically treated in the outpatient clinical setting.

Our sample consisted of 61 non-psychotic patients, randomly selected by the method of consecutive admissions and treated with psychoanalytic psychotherapy in the outpatient clinical setting. The study was conducted from January 2009 to January 2012 at the Mental Health Clinic, Clinical Center Niš. Mini International Neuropsychiatric Interview, Global Assessment of Functioning Scale and a Semi-structured interview for the Operationalized Psychodynamic Diagnosis were used for collecting data.

Our results have shown that patients treated with psychotherapy in the outpatient clinical setting have specific socio-demographic, clinical and psychodynamic characteristics. They are young, post-adolescent individuals, mainly with the diagnosis personality disorder and co-morbidity, with a moderate level of structural integration and individuation vs. dependency as the main psychological conflict. We suggest a long-term psychodynamic psychotherapy as the treatment of choice for patients with presented clinical and psychodynamic characteristics and operationalized psychodynamic diagnostic system as a valuable tool for establishing treatment focus and treatment planning.

Key words: **patients, characteristics, psychotherapy, psychodynamic**

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INTRODUCTION

During the last decades, practice of psychoanalytic (psychodynamic) psychotherapy in public health institutions has been exposed to many social influences, in psychoanalytic vocabulary summarized by the name meta setting. This term was introduced by Liberman, and later used by Etchegoyen, defined as "The social milieu that encircles the setting and to some extent operates on it" (1, 2).

The influence of social changes in transitional country and transitional times, among other things, have made changes in the structure of the patients seeking psychotherapeutic treatment. Twenty years ago, it was usual that the patients undergoing psychodynamic psychotherapy have some of the neurotic disorders, are highly motivated for selfunderstanding and personal growth, belong to higher socio-economic status. During the last two decades, our clinical experience has shown that there have been changes in this regard. However, there has not been any research studying characteristics of patients in psychotherapeutic treatment.

The aim of our study was to establish the sociodemographic, clinical and psychodynamic characteristics of group of patients treated psychotherapeutically in the outpatient clinical setting.

PATIENTS AND METHODS

Sample. For this study, 61 non-psychotic outpatients from the Mental Health Clinic, Clinical Center Niš, referred from the Department of Psychiatric Diagnostics to the Department of Psychotherapy, with the indication for psychodynamic psychotherapy, were selected by the method of consecutive admissions. The study was conducted from January 2009 to January 2012.

Procedure. Clinical diagnosis was established in accordance with the criteria of the International Classification of Mental Disorders - 10 (ICD 10) (3) and using Mini International Neuropsychiatric Interview (M.I.N.I. Version 5.0.0) (4). For the assessment of global functioning, Global Assessment of Functioning Scale (GAF) (5) was used. The patients were from the diagnostic groups neurotic, stress-related and somatoform disorders (F40-F48); depressive episode without psychotic features (F32.0-F32.2), personality disorders (F60-F61). All patients were 18 to 45 years old; they were informed about the research and signed the informed consent form. The patients with mental retardation, dependency disease, and organic mental disorder were excluded from the study, because psychodynamic psychotherapy was not indicated in these cases. After the psychiatrist had performed the initial psychiatric assessment, the patients were assessed by the psychotherapist. For the establishment of psychodynamic diagnosis and psychodynamic assessment, the semi-structured interview for the Operationalized Psychodynamic Diagnosis (OPD-2) (6) was used. After the initial psychiatric and psychodynamic assessment, all of the patients underwent the psychodynamic psychotherapy treatment with the same therapist. The therapy was conducted according to the standard procedure for psychodynamic psychotherapy- one weekly session lasting 45 to 50 minutes, always at the same place and time.

RESULTS

Our investigation included 61 patients in the process of individual psychoanalytic psychotherapy in the outpatient clinical setting. The patients included 49 women (80.3%) and 12 men (19.7%), aged 27.39±6.23 years. Mainly, the patients were from the student population (34.4%), unemployed (72.1%), not married (75.4%), without children (85.2%). Socio-economic status in most of the patients was low- 47 patients (77%) had under 100 Euro income per month per person of the household (Table 1).

The most frequent Axis I diagnosis (ICD-10) in our sample of patients was depressive episode - found in 19 patients. Two Axis I diagnoses had 32 patients; frequently, we found a depressive episode co morbid with adjustment disorder.

There were 42 personality disordered (PD) patients, the most frequent was "the other specific personality disorder"- F60.8 in 12 patients or 19.7%, as well as "emotionally unstable personality disorder" - F 60.3 in 11 patients or 18.1%. Co-morbidity of PD and Axis I diagnostic categories was present in 40 patients or 62.6%. The leading diagnosis at the moment of admission present in 29 patients or 47.5% of our sample was the diagnosis of PD.

Somatic diagnosis was reported in 21 patients.
The global functioning measured with GAF scale was mainly good - the mean score was 66.18±8.68. Illness duration lasted between 6 months and 5 years before starting the treatment.
Clinical characteristics are summarized in Table 2.

Psychodynamic characteristics diagnosed using operationalized criteria of OPD-2 showed that conflicts of individuation vs. dependency and control vs. submission were the most frequent in our patients and were found in 12 patients (19.7%), whereas in 11 patients (18%) the dominant conflict was not ratable because of the low structural integration level (Table 3).

The second psychodynamic characteristic - the level of structural integration - was in the majority of patients at the level 2, which is a moderate level for all features of personality structure, cognitive abilities (1a and 1b), emotional abilities (2a and 2b), capacities for regulation (3a and 3b) and attachment capacity (4a and 4b), as shown in Table 4.

Table 1. *Socio-demographic characteristics of patients*

Age	**(mean±stand.dev.)**	27.39	±6.230
Gender (N, %)	female	49	80.3
	male	12	19.7
Education	attending high school	3	4.9
	high school education	17	27.9
	university student	21	34.4
	bachelor degree	7	11.5
	master degree	13	21.3
Marital status	not married	46	75.4
	married	15	24.6
Employment status	unemployed	44	72.1
	employed	17	27.9
Average monthly income in Euro (per person of the household)	without income	1	1.6
	under 50 E	5	8.2
	under 80 E	24	39.3
	under 100E	17	27.9
	under 150E	10	16.4
	under 200E	3	4.9
	over 200E	1	1.6

Table 2. *Clinical characteristics of patients*

Prevalent diagnosis	**n**	**%**
neurotic (F40-F48)	20	32.8
depressive (F32.0-F32.2)	12	19.7
personality disorder	29	47.5
with co-morbid diagnosis	21	34.4
without co-morbid diagnosis	40	65.6
total	61	100.00
GAF score	mean	standard deviation
	66.18	8.68

Table 3. *Psychodynamic characteristics of patients- the main conflict: distribution of frequencies*

Main conflict	**f**	**%**
Absent	1	1.6
Individuation vs. dependency	12	19.7
Submission vs. control	12	19.7
Need for care vs. self-sufficiency	7	11.5
Self-worth conflict	5	8.2
Guilt conflict	6	9.8
Oedipal conflict	5	8.2
Identity conflict	2	3.3
Not ratable	11	18.0

Table 4. *Psychodynamic characteristics of patients structure: distribution of frequencies*

Level of integration	1a. self-perception		1b. object perception		2a. self regulation		2b. regulation of object relationship	
	f	%	f	%	f	%	f	%
1 - high	7	11.5	1	1.6	-	-	-	-
1.5	15	24.6	11	18.0	-	-	3	4.9
2 - moderate	25	41.0	29	47.5	38	62.3	39	63.9
2.5	9	14.8	9	14.8	10	16.4	6	9.8
3 - low	5	8.2	10	16.4	12	19.7	11	18.0
3.5	-	-	1	1.6	1	1.6	2	3.3
4 - disintegrated	-	-	-	-	-	-	-	-
9 - not ratable	-	-	-	-	-	-	-	-

Level of integration	3a. internal communication		3b. communication with the external world		4a. attachment capacity: internal objects		4b. attachment capacity: external objects	
	f	%	f	%	f	%	f	%
1 - high	2	3.3	5	8.2	2	3.3	-	-
1.5	15	24.6	18	29.5	7	11.5	12	19.7
2 - moderate	32	52.5	25	41.0	28	45.9	29	47.5
2.5	5	8.2	7	11.5	8	13.1	6	9.8
3 - low	7	11.5	6	9.8	16	26.2	13	21.3
3.5	-	-	-	-	-	-	1	1.6
4 - disintegrated	-	-	-	-	-	-	-	-
9 - not ratable	-	-	-	-	-	-	-	-

DISCUSSION

Socio-demographic characteristics

Our sample of patients consisted mainly of young patients in the post-adolescent period, and the majority of them were students. This is in accordance with our psychotherapeutic clinical practice, as well as with the findings of other authors (7, 8), who also underlined a great need for psychotherapy in this population. Students usually have their own initiative to come to psychotherapy, recognizing their psychological problems and expecting psychological and not pharmacological treatment. Education they have provides them with openness for change and diversity, curiosity for understanding and problem-solving. Young people are those who are the most interested in psychotherapy and, at the same time, because of their age, the most susceptible to personal change and growth that psychotherapy promotes. Post-adolescence is the developmental phase when individuality is finally shaped, and independence of personality should be achieved. We could state that psychotherapy is often „the treatment of choice“ for these patients. At the same time, we should bear in mind that post-adolescence, as developmental phase, is also very vulnerable. All of the deficits and failures of previous developmental stages become visible; neurotic and/or psychotic manifestations are very common, so that psychiatric and psychotherapeutic treatments become necessary.

Specific vulnerabilities of the population of post-adolescents in Serbia are associated with social changes and stressful events in the last two decades. Some studies presume that parents in urban environment reactively overprotect their young children, and as a result, they later develop some deficits in psychic structures, especially in frustration tolerance ability. Research of the

Expert group of the Serbian Ministry of Health, conducted on the representative sample of young people in Serbian high schools have pointed to the fact that every third young person in our country has a psychological problem and suffers from it. It becomes even more important, in comparison with similar researches in the other European countries, where this rate is significantly lower (every fifth teenager has some psychological problem) (9, 10).

The other socio-demographic characteristics of the patients in our sample also reflect social and environmental conditions. The outpatients are usually from urban environment, more female than male patients are referred to psychiatrists and psychotherapists. Low socio-economic status and unemployment are the main social problems of our time, so that it can easily explain similar status of our patients.

Clinical characteristics

Results for clinical parameters of patients in our sample point to the fact that the most frequent diagnostic category in our sample of patients was PD (42 patients), and also that there was a high frequency of co-morbidity (40 patients). This finding is understandable, having in mind the age structure of our sample, because prevalence of PD is the highest in adolescents and young adults. It is also well known that 50% of patients with personality disorder have co-morbid diagnosis on Axis I (clinical syndromes) (10-15).

PD diagnosis includes the presence of enduring dysfunctional patterns of interpersonal relationships, leading to the problems in social environment. Late adolescence is the phase in personality development when tensions in relationships rise because of the need of young personality to establish continuum in relationships outside the primary family. At the same time, mechanisms of behavioral control become weaker, and it results in frequent acting outs as predominant defense mechanism. Besides, the post-adolescent depression still keeps the form of frequent acting-outs, so characteristic for early adolescent period. These characteristics of clinical picture in adolescents, similar to PD, contribute to more frequent diagnosing of PD in this population.

One third of patients in our sample had somatic disease. The prevalence of somatic diagnoses in psychiatric-psychotherapeutic patients was not frequently investigated. One study from 1961, established that the frequency of somatic diseases in psychiatric patients was significantly higher than in healthy subjects (16). The frequency of somatic diagnoses was investigated in the sample of in-patients 33.2% of admissions to psychiatric unit had some somatic disease (17). The mechanism of causal relationship between mental disorders and somatic diseases (which are not psychosomatic) is not clear yet.

The global functioning of our patients was in the category generally good functioning (GAF mean score 66.18±8.68), which indicates the presence of mild to moderate symptoms, mild to moderate difficulties in social and professional functioning. GAF is the instrument for measuring global functioning which has shown very good reliability and validity in research, especially by outpatients with moderately disturbed functioning (18, 19). This kind of functioning is typical of outpatients in psychotherapy.

Psychodynamic characteristics

In this study, we used OPD-2 as a tool for psychodynamic assessment. OPD-2 system is based on dimensional/continual approach to mental phenomena, opposite to categorical/discontinual principle of clinical classifications (DSM, ICD). In this sense, it is very important and useful for psychotherapeutic diagnostics because of its comprehensiveness and preciseness

Dominant conflicts in our sample were: individuation vs. dependence and control vs. submission. This result is in accordance with findings of predominant conflicts in general population (6). Classification of conflicts in OPD-2 is based on basic motivational systems and conflictual interactional experience of an individual as a basic unit. Conflict individuation vs. dependence is associated with one of the most basic human needs - for attachment and relationship with the others, and on the other hand - separation and individuation. Individuation and dependence are the basic elements of human experience. There is a conflict in this theme when this natural bipolar tension transforms into conflictual polarization- one of these themes becomes existential necessity or internal compulsion, with absolute exclusion of the other pole of the same theme. In accordance with pathological conflict, self-perception is changing ("I am helpless, weak, I can not stay by myself" or "I can do everything by myself, I don't need anybody"), as well as dominant anxiety.

Individuation-dependence conflict is present in depressive disorder (prominent in our sample), but it is also characteristic for late adolescence- the majority of the patients in our sample belonged to this population (20, 21). The process of adolescent separation from the family and child dependence is a crucial stage for development of the individual. Failure to resolve this process results in installation of conflict- individuation vs. dependence.

Structural diagnostics is very important in psychotherapy. It enables differentiation between conflict disorders and deficit (structural) disorders and points to deficient abilities. This is fundamental for establishing focus of psychotherapeutic process and adjustment of technical interventions to the patient's abilities.

There were other models for the estimation of personality structure, besides OPD-2. One of them is Kernberg's (22, 23), which uses criteria for the estima-

tion of superego, ego identity, reality testing, drive development, defences, character traits, object relations and affects. Similar system was described by Lohmer et al. (24) and it differentiates neurotic structure, moderately integrated structure and borderline personality disorder. OPD-2 is advantageous in comparison with previous models because of its comprehensiveness and integration of data, which enables establishing of a psychotherapeutic treatment focus and treatment planning.

The main feature of moderate level of structural integration (predominant in our sample) is that main personality capacities and functions are at the disposal, but in a reduced degree. Intrapsychic conflicts are predominant, but they are shaped differently than in highly integrated structures. Wishes are immoderate; superego is immature with rigid and strict norms and exaggerated ideals. Central fear is the fear of losing object and separation, combined with fear of one's own impulses.

CONCLUSION

The patients in our sample, treated psychotherapeutically in the outpatient clinical setting, have specific socio-demographic, clinical and psychodynamic characteristics. They were in the post adolescent age, were mostly female, students, unemployed; their socio-economic status was low. The most frequent clinical diagnosis was personality disorder, co- morbid with depressive episode and adjustment disorder, with generally good global functioning, but with somatic disease in one third of the sample. The main conflict among our patients was individuation vs. dependency and control vs. submission, whereas the level of structural integrity was moderate. We consider that social changes have important influence on the practice of psychotherapy, including the influence on the structure of patients seeking psychotherapeutic treatment. A long-term psychodynamic psychotherapy would be the treatment of choice for patients with presented clinical and psychodynamic characteristics and operationalized psychodynamic diagnostic system as a valuable tool for establishing treatment focus and treatment planning.

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KARAKTERISTIKE BOLESNIKA LEČENIH PSIHOTERAPIJOM U AMBULANTNIM USLOVIMA

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Sažetak

Socijalne promene u tranzicionoj zemlji i u tranzicionom vremenu dovele su do promena u strukturi bolesnika koji traže psihoterapijsku pomoć. Ipak, do sada nije bilo istraživanja karakteristika bolesnika na psihoterapijskom tretmanu. Cilj naše studije bio je da utvrdimo socio-ekonomske, kliničke i psihodinamičke karakteristike bolesnika koji se leče psihijatrijski u ambulantnim uslovima.

Naš uzorak se sastojao od 61 ne-psihotičnog bolesnika, slučajno izabranog metodom konsekutivnih prijema i zatim lečenog psihoterapijski u ambulantnim kliničkim uslovima. Istraživanje je obavljeno u vremenskom periodu od januara 2009. do januara 2012. godine na Klinici za mentalno zdravlje Kliničkog centra u Nišu. Za prikupljanje podataka korišćeni su instrumenti: Mini internacionalni neuropsihijatrijski intervju, Skala za globalnu procenu funkcionisanja i semi-strukturisani intervju za Operacionalizovanu psihodinamičku dijagnozu.

Naši rezultati su pokazali da bolesnici koji se leče psihoterapijom u ambulantnim kliničkim uslovima imaju specifične socio-demografske, kliničke i psihodinamičke karakteristike. Oni su uglavnom mlađeg, postadolescentnog životnog doba, uglavnom sa dijagnozom poremećaja ličnosti i komorbiditetom, sa umerenim nivoom strukturne integrisanosti i individuacijom nasuprot zavisnošću kao glavnim konfliktom.

U zaključku predlažemo dugotrajnu psihodinamičku psihoterapiju kao metodu izbora za bolesnike sa prezentovanim kliničkim i psihodinamičkim karakteristikama, a operacionalizovanu psihodinamičku dijagnozu kao važno sredstvo za određivanje fokusa tretmana i njegovo planiranje.

Ključne reči: **bolesnici, karakteristike, psihoterapija, psihodinamička**