

Effectiveness of intensive group psychotherapy in treatment of neurotic and personality disorders

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Summary

Aim. The aim of this study was to analyze the effectiveness of intensive (150 – 210 sessions), short-term (10 – 14 weeks) group psychotherapy in the treatment of neurotic disorders, and selected personality disorders.

Methods. The study involved 145 patients treated in day hospital due to neurotic disorders and selected personality disorders. The measurements were performed twice – at the beginning and at the end of hospitalization. The effectiveness of psychotherapy in the reduction of symptoms of neurotic disorders was measured with symptom checklist “0”. The change in the severity of personality traits characteristic for neurotic disorders was examined using Neurotic Personality Questionnaire KON-2006.

Results. A significant reduction in symptoms of neurotic disorders was found in 84% of patients (85.7% women and 80.8% men). 70.3% of the examined patients obtained in the measurement at the end of treatment results indicating the level of severity of neurotic disorders symptoms below the cut-off point separating population of healthy individuals from patients. A significant reduction in the severity of personality traits characteristically occurring in patients suffering from neurotic disorders was found in 76% of patients (74.5% women and 78.7% men). 42.8% of the examined patients obtained in the measurement at the end of the treatment the value of neurotic personality traits index (X-KON) typical for healthy population.

Conclusions. Intensive, short-term group psychotherapy with elements of individual therapy is an effective treatment for neurotic disorders. The majority of treated persons obtains a significant symptomatic improvement and a reduction in the severity of neurotic personality traits.

Key words: psychotherapy, neurotic disorders, treatment outcome

Introduction

Psychotherapy remains the most adequate treatment for neurotic disorders – especially group therapy, the utility of which is also related to a relatively low cost and relatively short time of obtaining the desired effects of treatment [1]. Psychotherapy is based on the therapeutic alliance between the patient and the therapist, which includes the therapeutic objectives and tasks and creates the basis for the therapeutic relationship [2–4]. The primary objectives of individual, group, couple or systemic psychotherapy assume obtaining symptom relief (recovery from symptoms), a favourable change in the personality structure, which enables creating satisfying interpersonal relationships, undertaking and implementing life, professional and social tasks adequate to their resources, improvement of the patient's life quality, reduction of the likelihood of disorders in the future and other individual favourable changes resulting from a successful therapeutic relationship [2–6].

Review of studies on the effectiveness of psychotherapy in patients with neurotic and personality disorders confirms that its use is associated with a significant reduction of symptoms and favourable changes in functioning, which are the basic goals of psychotherapy [7–32]. According to, *inter alia*, Gabbard et al. [33] and Koerner et al. [34] not only a temporary relief is the effect of psychotherapy, but also a permanent change which, in many patients, sustains even after the end of the treatment [35].

The basic methodological question still refers to the method of conducting research on the effectiveness of psychotherapy in such a way that the adopted model is both statistically valid and allowing for searching answers to questions regarding the application of results in everyday clinical practice [36–40].

On the axis between Eysenck's statement that there is no evidence that psychotherapy has a positive impact on the patients' lives [41] and the myth, disclosed in the scientific and medical environment – and noticed in the reflection of Margison et al. [42], that psychotherapy is “immeasurable”, and the bold declarations made by Tillett [43] and Howard [44] that it is one of the best documented and confirmed therapeutic actions in the history of medicine, decades of various approaches and theoretical assumptions concerning studies on the effectiveness of psychotherapy have extended [45]. Among them, there were references to, *inter alia*, attachment theory [46, 47], the theory of language [48], theory of mind derived from developmental psychology [49], models of changes in psychotherapy [48] and a variety of personality concepts developed over the years [50].

A pioneer of studies on understanding the mechanisms of changes in the process of psychotherapy – which was limited to the psychoanalytic approach – was Synder. He has undertaken the first attempts to answer the question “Does psychotherapy work?” [51]. This question became the basis for the development of studies conducted in the 60's of the twentieth century, embedded in contemporary philosophical trends that promoted behavioural and cognitive approach. These studies were an attempt to describe the diverse therapeutic effects depending on the adopted school of psychotherapy [11, 12, 52], focusing on, as noted by Roth [53], the search to find out what kinds of specific therapeutic interventions were more effective in specific types of mental disorders.

In the 80's of the twentieth century randomization studies (efficacy type) began to be in the lead in medicine. Obtaining unencumbered and reliable assessment of the subjects' reaction (response) to a specific type of intervention, with the exception of the impact of known and unknown prognostic factors, has become the most important objective of the clinical trial. The use of statistical science has brought the proliferation of studies on the effectiveness of psychotherapy, focusing the aim of studies on the analysis of the impact of specific therapeutic interventions on a specific change in behaviour [54].

This approach to studies has become closer to methodological correctness, but distanced the researchers from understanding of what qualitative changes, especially in experiencing, take place in the life of the individual patient as a result of treatment [55–59].

Margison's et al. paradigm [60], which focuses on a proper selection of practice-based evidence data, can be considered as complementary for studies on the effectiveness of psychotherapy in the current evidence-based medicine.

The American Psychological Association guidelines, which require consideration of three perspectives: feasibility, generalizability, costs [61], has become the attempt to organize the classification of studies on the effectiveness of psychotherapy with regard to its objectives.

Research conducted in Poland, mainly in centres in Cracow, Warsaw and Szczecin, referred primarily to evaluation of the effectiveness of day hospital activities that combine group and individual therapy (so-called comprehensive therapy) [13–15] and searching for mediators of this efficacy [16–27, 62–66].

Suszek and Grzesiuk [12], and Rakowska [66] attempted to make a broader description of psychotherapy effectiveness, basing also on the experience of Warsaw researchers (inter alia Czabała, Siwiak-Kobayashi, Dakowska, Sarol-Kotelnicka, Gulczyńska, and others). Czabała [67], commenting on the results of the research concludes that the ambiguity of some of them is caused by their inadequate quality rather than the low effectiveness of therapy.

Aleksandrowicz, co-author of Neurotic Personality Questionnaire KON-2006 [19], a tool used not only for diagnosis, but also allowing to observe changes in the occurrence and severity of personality traits (co-occurring in/responsible for neurotic disorders), and the main author of Symptom Checklist "0" and SI-SIII, used to examine severity of functional disorder symptoms (in the area of experiencing, behaviour and somatisation) [68–71], is one of the pioneers of studies on the effectiveness of psychotherapy. KON-2006 and Symptom Checklist "0" were also used in this study.

Aim of the study

The aim of this study was the assessment of the effectiveness of integrative group psychotherapy with elements of individual psychotherapy (mainly psychodynamic with cognitive and behavioural theories elements) in the treatment of neurotic disorders and selected personality disorders. The effectiveness of psychotherapy was evaluated in the areas of: changes of the neurotic disorders symptoms severity and changes in the severity of neurotic personality traits.

Material and method

Studied group

The study included 145 patients (98 women and 47 men) participating in psychotherapy in day hospital for neurotic and behavioural disorders treatment. A detailed description of the used therapy is given in further part of the article. All patients participating in the study gave their written consent to participate in it.

The criteria of inclusion to the studied group were as follows:

1. The diagnosis of disorder or disorders listed in the chapter F4 or F6 (F60, F61), according to the diagnostic criteria specified in the ICD-10 [72];
2. Treatment period in the range of 10 to 14 weeks (150–210 hours of group psychotherapy and 10 to 14 hours of individual psychotherapy);
3. No psychiatric and psychotherapy treatment in the past, including first-time admission to treatment in the hospital.

Participants meeting the following criteria were excluded from the study:

1. Discontinuation of treatment before its scheduled completion;
2. The diagnosis of acute stress reaction (F43.0 according to ICD-10);
3. The diagnosis of post-traumatic stress disorder (F43.1 according to ICD-10);
4. Diagnosed somatic basis of symptoms reported by patients;
5. Diagnosed organic changes of CNS;
6. Diagnosed psychotic disorders.

The distribution of age and education in the studied group are shown collectively in Figures 1 and 2. It is important to note that patients before the age of 39 years comprised 84.8% of all participants (including people aged 18 to 25 years: 39.3%). Moreover, large part of the studied group comprised of people with higher education (36.1%) or in the course of higher education (20.8%). People with primary education constituted a very small group (2.1%)

At the stage of qualifying patients for therapy two consultations with a psychiatrist and one consultation with a psychologist were conducted with each patient. On the basis of the data obtained during consultations extended with the results of diagnostic tests (Symptom Checklist "0", Neurotic Personality Questionnaire KON-2006) the diagnosis of disorders were stated according to ICD-10 qualification criteria. The distribution of these diagnosis in the studied group is shown collectively in Figure 3.

It is worth to mention that 49% of patients in the studied group suffered from anxiety disorders. Only 15% of respondents had neurotic disorders different than anxiety (obsessive-compulsive disorder, conversion and dissociative disorders, somatisation disorders and other neurotic disorders) recognized. Personality disorders were diagnosed in 32% of patients (including specific personality disorders in 17%).

Description of psychotherapy

Each person included in the studied group participated in the intensive group psychotherapy. Therapeutic program in each week of therapy included: 15 sessions of group psychotherapy (3x45 minutes per day), one individual psychotherapy session,

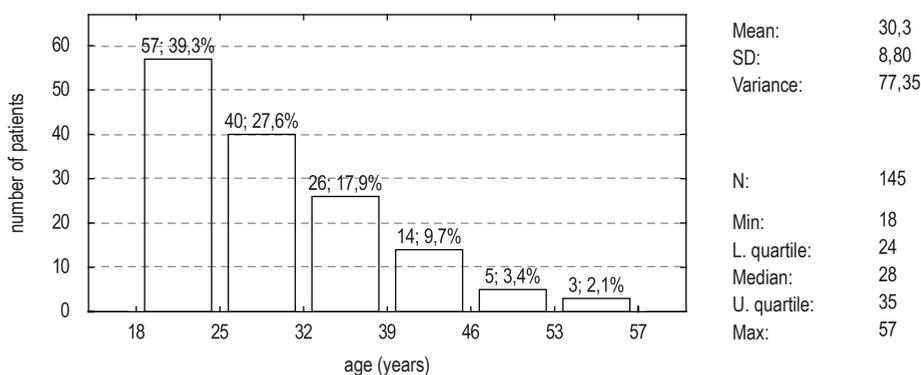


Figure 1. Age of people in the studied group

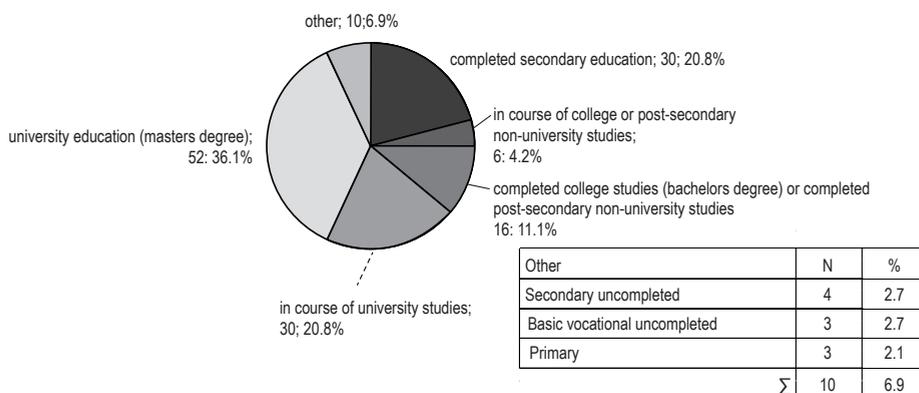


Figure 2. Education of people in the studied group

5 sessions of relaxation (1x15 minutes per day), one meeting of ward community (usually up to 60 minutes).

Each of the three simultaneously working therapeutic groups, during the majority of treatment period, comprised of 8 patients. Periodically the amount of patients in a group was larger (up to 11 people) or smaller (no less than 5 people). The duration of treatment most frequently amounted to 12 weeks (180 hours of group psychotherapy, 12 hours of individual psychotherapy). In clinically justified cases the therapy was extended to 14 weeks or shortened (e.g., in fortuitous events that preclude remaining in treatment for the whole 12 weeks). The studied group included all patients who participated in at least 10 weeks of treatment (150 hours of group psychotherapy, 10 hours of individual psychotherapy), and completed treatment after consultations and in agreement with the therapeutic team.

Treatment in each therapeutic group was conducted by a team, which consisted of two permanent therapists (male and female; psychologist and physician) eligible

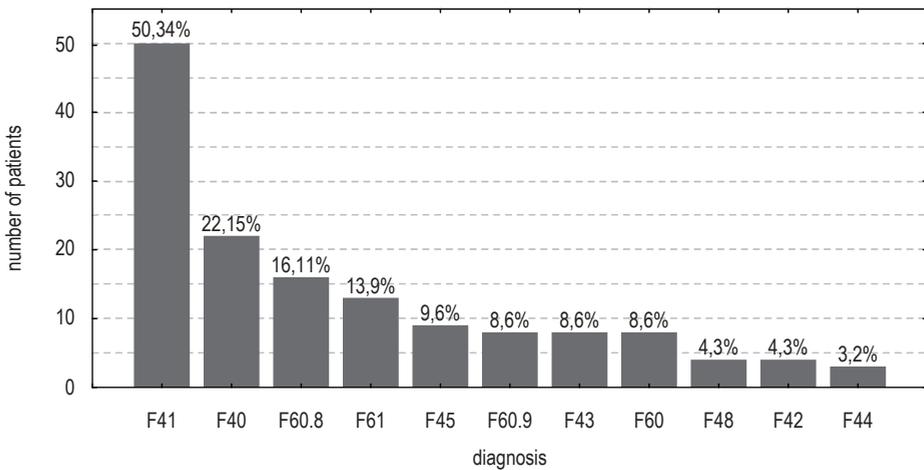


Figure 3. **Disorders diagnosed in the studied group according to ICD-10 (N = 145)**

Explanation: F41 – Other anxiety disorders; F40 – Phobic anxiety disorders; F60.8 – Other specific personality disorders; F61 – Mixed and other personality disorders; F45 – Somatoform disorders; F60.9 – Personality disorders unspecified; F43 – Reaction to severe stress, and adjustment disorders; F60 (F60.1 – F60.7) Specific personality disorders; F48 – Other neurotic disorders; F42 – Obsessive-compulsive disorder; F44 – Dissociative (conversion) disorders.

to apply psychotherapy, as well as interns in training for psychotherapy certificate. Group therapy sessions were conducted by the permanent members of the team (alternately, usually 5 days each) and periodically by the interns (entitled to practice psychotherapy under supervision). Group sessions were led with the participation of observers (second therapist and/or trainee, periodically also IV or V year medicine students). Each group was subjected to regular (weekly) supervision conducted by a certified supervisor. Moreover, the work of the groups was overseen by the head of the department – certified psychotherapist and supervisor. Individual psychotherapy sessions were conducted by the permanent members of the team and periodically by the persons in the internship entitled to use psychotherapy under supervision. Most of the patients in the studied group throughout the whole period of treatment had one, constant individual therapist.

The work of each therapists treating the examined patients included such common elements as [62]:

- a) triggering the processes of transference by avoiding transparency;
- b) interpretation of the transference;
- c) work with the resistance, including its interpretation;
- d) use of other therapeutic interventions: stimulation, clarification, confrontation, interpretation, including genetic interpretation;
- e) analysis of symbolic meaning and function of reported symptoms;
- f) making patients aware of using defence mechanisms associated with the presented symptoms;

- g) strengthening the power of ego, building patient's independence and autonomy;
- h) interpretation of interpersonal processes occurring in the group;
- i) correcting dysfunctional cognitive schemas;
- j) correcting disorders in the area of self-esteem/self-image;
- k) creating the circumstances for corrective experiences within the therapeutic group;
- l) avoiding giving direct advice, guidance;
- m) stimulating the members of the group to peer, open exchange of information about themselves with a particular focus on issues that refer to the disorders and their symptoms, and that what is happening here and now in the group;
- n) limiting their own (therapists') verbal and nonverbal activity to the minimum necessary to achieve the specific intervention objective.

Psychotherapy (both group and individual) was conducted in the trend integrating psychodynamic and cognitive theories. It considered the compliance with the setting (presence at all meetings, punctuality), as well as confidentiality and other rules that stem from the ward regulations.

Research hypotheses

Review of the literature reports became the basis for the formulation of the following research hypotheses: a) intensive, short-term, complex psychotherapy (group with elements of individual psychotherapy) applied in patients treated for neurotic and personality disorders leads to significant reduction in the severity of neurotic disorders symptoms and reduction in the severity of neurotic personality traits; b) intensive, short-term, complex psychotherapy leads to increase in the percentage of persons with neurotic symptoms level and neurotic personality traits level within the range typical for the healthy population; c) changes in the severity of neurotic symptoms and neurotic personality traits resulting from intensive, short-term, comprehensive psychotherapy do not differ significantly between the treated men and women.

Research tools

Symptom Checklist "0", which is a widely used tool in studies on mental disorders developed for population of Poland, was used to measure the intensity of neurotic symptoms [64, 68, 73–76]. It includes a very wide range of neurotic and personality disorders symptoms, owing to which it is characterized with high sensitivity. Moreover, this tool is also useful in the assessment of changes in the severity of symptoms in the course of psychotherapy [69, 70]. Symptom Checklist allows for detailed assessment of the type and severity of symptoms experienced by patient during 7 days preceding the examination. It includes 138 items (68 items refer to symptoms from the area of experiencing e.g. anxiety, depression, loneliness; 23 items refer to behavioural disorders e.g. obsessive activities, sexual activities dysfunction; 47 items refer to somatic disorders e.g. diarrhoea, tinnitus). Three items out of the whole set are repeated in identical or similar wording in order to assess the fairness of patient's answers. The Patient assesses

the severity of each 135 symptoms, during the last 7 days, on a scale: “0” – symptom was not present, “a” – symptom was present but it was only slightly uncomfortable, “b” – ...averagely uncomfortable, “c” – ...highly uncomfortable. Before calculating OWK coefficient (global neurotic symptoms severity: OWK) the appropriate weights were assigned to the answers as follows: “0” – 0, “a” – 4, “b” – 5, “c” – 7. The theoretical maximum possible score is 966 (138x7). On the basis of conducted studies it is stipulated that the population of women with neurotic disorders is characterised by the value of OWK > 200 points, respectively the population of men with neurotic disorders is characterised by the value of OWK > 190 points¹ [13, 18, 19, 77].

Neurotic Personality Questionnaire KON-2006 was used to measure the intensity of neurotic personality [19]. The psychometric features of the questionnaire are well documented and indicate its usefulness for both clinical trial and scientific studies [21, 28, 64, 78]. This tool consists of 243 statements which are assessed by the patient as true or false. Accordingly selected sets of statements constitute the 24 scales of questionnaire, which examine the severity of particular traits of neurotic personality. Global severity of these traits is reflected by the X-KON index. According to the results of studies conducted by the authors of the tool, the cut-off value for healthy population is 8 points. The population of ill people is characterized by the X-KON index value higher than 18 points. Results between 8 and 18 points are considered diagnostically unreliable [19].

Measurements were performed twice: before the treatment and during the last week of the therapy. The obtained data were statistically analyzed using statistical methods appropriate to the characteristics of obtained sets (distributions) of values – Wilcoxon signed-rank test for related measurements and Mann-Whitney U test for independent samples. The reference point for the inference on the effectiveness of psychotherapy were the values of the measured final variables found in the untreated population of persons included in the studies on normalization and standardization of the research tools.

Results

The neurotic disorders symptoms severity measured at the beginning and at the end of the therapy is shown in Figures 4 and 5. Table 1 lists the basic statistical values characterizing the sets of data obtained in the measurements at the beginning and at the end of the therapy.

Table 1. **Descriptive statistics of OWK index values (N = 145) measured at the beginning and end of the therapy**

Variable	Min	Max	R	Median	Q1	Q3	Rq
OWK_P	40	757	717	355	273	462	189

table continued on the next page

¹ Standard adopted on the basis of the latest researches conducted in the population treated in 1999-2005 [20, p 7]; other authors in their publications also refer to earlier standard: 165 points for men and 200 points for women.

OWK_K	8	587	579	140	82	231	149
Women (N = 98):							
OWK_P	40	757	717	346	246	438	174
OWK_K	8	428	420	129,5	78	227	149
Men (N = 47):							
OWK_P	82	628	546	390	289	497	208
OWK_K	20	587	567	152	105	256	151

OWK_P – global neurotic symptoms severity coefficient measured at the beginning of the psychotherapy
 OWK_K – global neurotic symptoms severity coefficient measured at the end of the psychotherapy
 Min – minimum value; Max – maximum value; R – range; Q1- the first quartile; Q3 – third quartile, Rq- range of quartiles

The criteria for significance of the observed changes were adopted after Aleksandrowicz et al. [18, 19, 69]. Neurotic disorders symptoms severity observed in the studied group and measured using the global symptoms severity coefficient (OWK) at the beginning and at the end of the therapy ranged respectively: OWK_P: 40–757 points, OWK_K: 8–687 points. A significant symptomatic improvement [18, 19, 68] was observed in 84% of patients (122 people: 84 women, 38 men). OWK values characteristic for the healthy population (OWK < 190 points for men and OWK < 200 points for women) were observed in measurements: a) at the beginning of the therapy in 16 patients (3 men and 13 women, 11% of the total amount of observations); b) at the end of the therapy in 102 patients (32 men and 70 women, 70.3% of all respondents, increase from 11% to 70.3%). 28 women and 15 men (43 people, 29.7% of respondents) presented neurotic disorders symptoms severity characteristic for the population of ill people.

Significant deterioration in symptoms severity was observed in 6% of patients (9 people: 6 women and 3 men).

Analysing changes in the symptoms severity by gender the following results were observed: a) a significant improvement in 85.7% of women and 80.8% of men; b) an increase in the percentage of people with the measured OWK value at the level below the point separating the population of healthy people from the ill people: in the group of men – from 6.4% (measured before treatment) to 68.1% (at the end of the therapy, an increase of 61.7%; OWK < 190), in the group of women – from 13.3% to 71.3% (an increase of 58.1%, OWK < 200). The small number of people in groups do not allow for a fair comparison of the increase rate of neurotic disorders symptoms severity in groups distinguished by gender.

Comparison of symptoms severity measured before and after therapeutic intervention are shown in Figure 6. The observed differences are statistically significant (Wilcoxon signed-rank test for related measurements, $p < 0.01$).

Global severity of neurotic personality traits measured at the beginning and at the end of psychotherapy and expressed using the X-KON index is shown in Figures 7 and 8. Table 2 summarizes the basic statistical values characteristic for the sets of data obtained from the measurements.

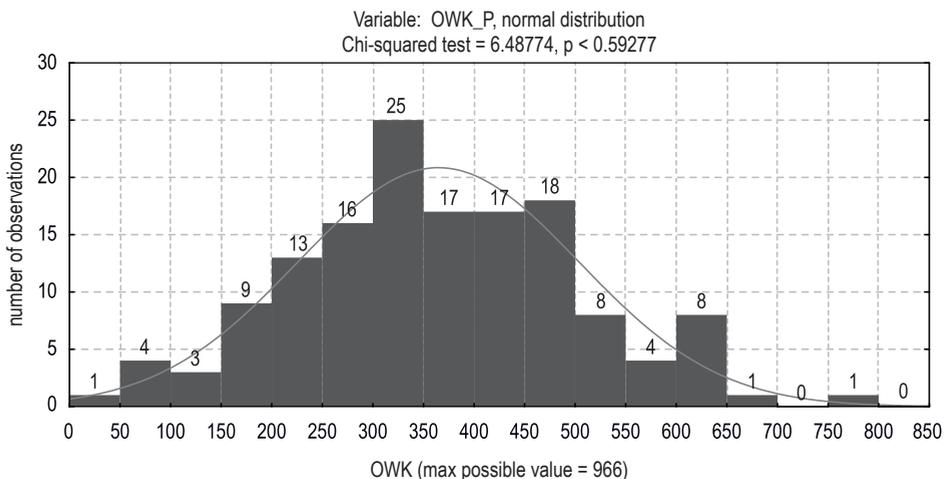


Figure 4. Neurotic disorders symptoms severity measured at the beginning of the therapy (N = 145)

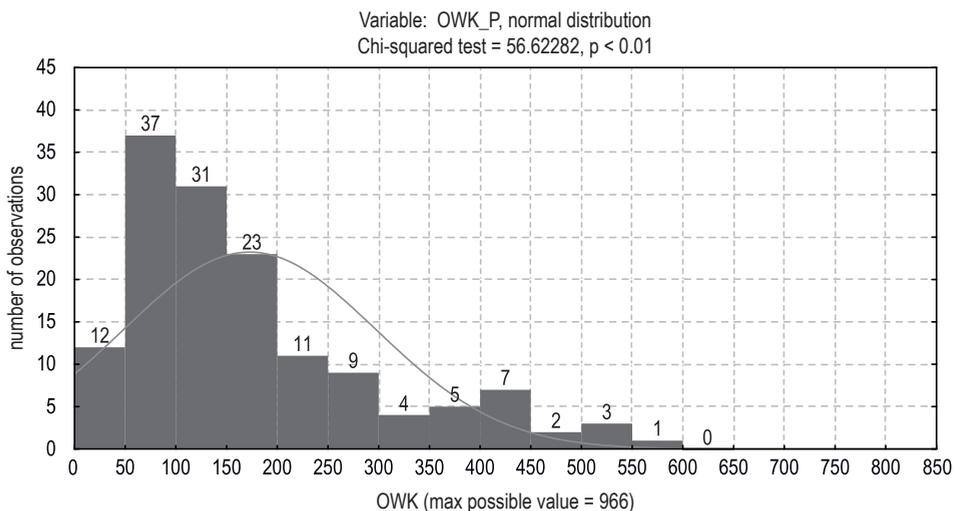


Figure 5. Neurotic disorders symptoms severity measured at the end of the therapy (N = 145)

The observed severity of neurotic personality traits expressed using X-KON index and measured in the study group at the beginning and at the end of the therapy were respectively within: X-KON_P: 0.1–85.1, X-KON_K: 0–89.7 points. A significant improvement in the area of neurotic personality traits was observed in 76% of patients (110 people: 73 women and 37 men). Index values typically observed in the population of healthy people (X-KON < 8), in the study group were observed respectively: a) in the

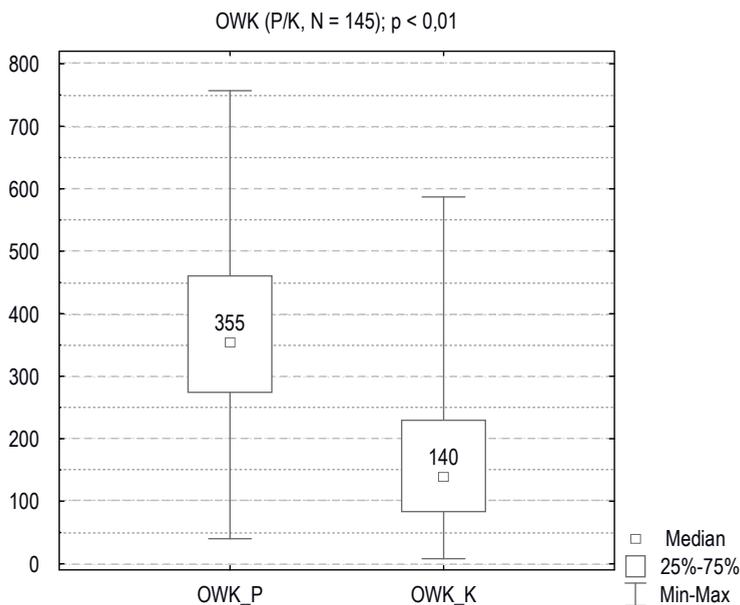


Figure 6. Neurotic disorders symptoms severity in the measurement at the beginning (P) and at the end (K) of psychotherapy

measurements at the beginning of the treatment in 14 patients (3 men and 11 women, 9.7% of all respondents); b) in measurements at the end of the therapy in 62 patients (19 men and 43 women, 42.8% of all respondents, an increase from 9.7% to 42.8%).

Table 2. Descriptive statistic of X-KON index Values (N = 145) measured at the beginning and at the end of the therapy

Variable	Min	Max	R	Median	Q1	Q3	Rq
X-KON_P	0.1	85.1	85	38	15.6	54.0	38.4
X-KON_K	0	89.7	89.7	11	0.9	30.6	29.7
Women (N = 98):							
X-KON_P	0.1	85.1	85	37.4	15.4	54	38.6
X-KON_K	0	81.4	81.4	8.1	0.9	25.5	24.6
Men (N = 47):							
X-KON_P	3.6	82.8	79.2	43.7	19.6	55	35.4
X-KON_K	0	89.7	89.7	13.2	1.6	37.8	36.2

X-KON_P – neurotic personality index value measured at the beginning of the psychotherapy
 X-KON_K – neurotic personality index value measured at the end of psychotherapy
 Min – minimum value; Max – maximum; R – range; Q1- the first quartile; Q3-third quartile,
 Rq – range of quartiles

A significant increase in the global severity of neurotic personality traits was found in 10% of patients (15 people: 11 women and 4 men).

Analysing changes in the severity of neurotic personality traits by gender it was noted as follows: a) a significant improvement in 74.5% of women and 78.7% men; b) an increase in the percentage of people with the values of X-KON typically observed in the population of healthy individuals: in the group of men – from 6.4% (measured before the beginning of the treatment) to 40.4% (at the end of the therapy, an increase of 34%) in the group of women – from 11.2% to 43.9% (an increase of 32.7%). The small

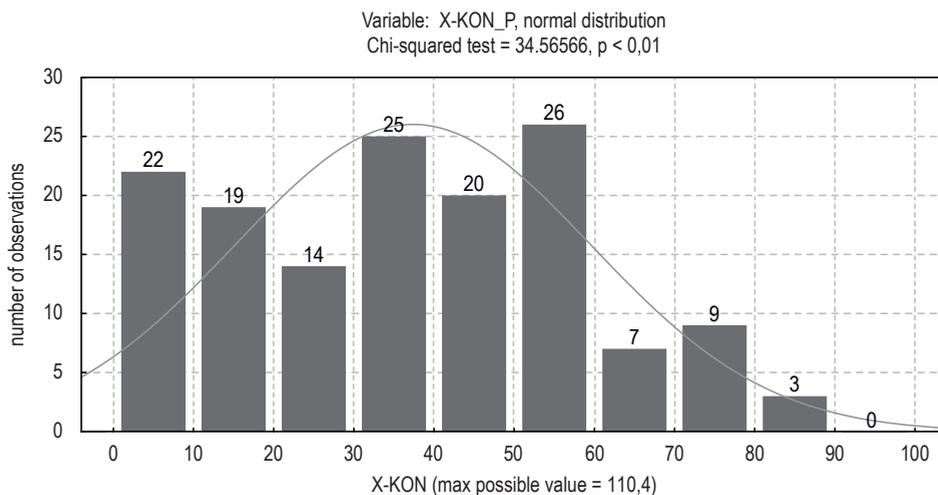


Figure 7. Severity of personality traits associated with neurotic disorders measured at the beginning of the therapy expressed using X-KON index (N = 145)

number of people in groups do not allow for a fair comparison of increase rate of the severity of neurotic personality traits in groups distinguished by gender.

Figure 9 shows the comparison of X-KON index measurement results before and after the treatment. The observed differences are statistically significant (Wilcoxon signed-rank test for related measurements, $p < 0.01$).

Collation of changes observed in the course of psychotherapy is presented in Figure 10.

Discussion

The results of this study confirm the findings of the few previously published reports on the efficacy of intensive, predominantly psychodynamic comprehensive psychotherapy (group with elements of individual psychotherapy) applied in patients being treated in Poland for neurotic and personality disorders. Thus they are not merely

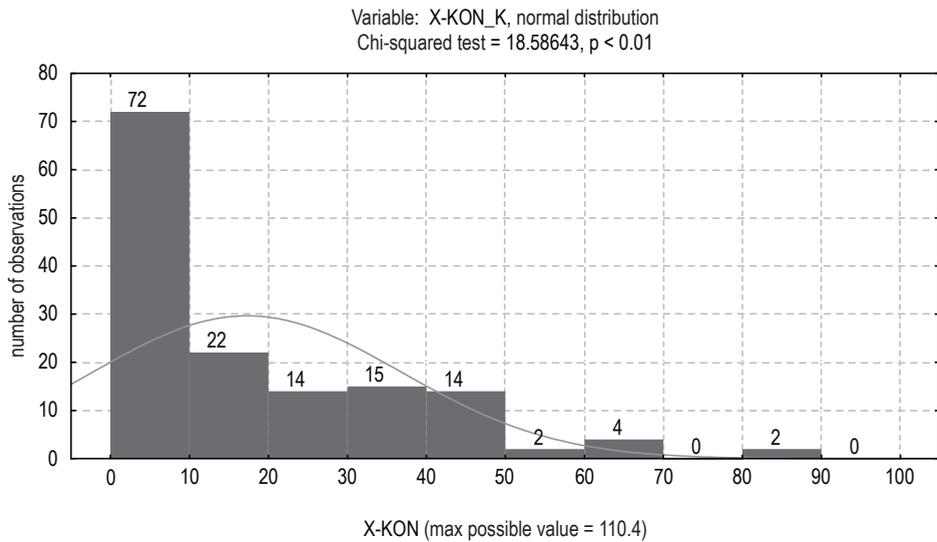


Figure 8. Severity of personality traits associated with neurotic disorders measured at the end of the therapy expressed using X-KON index (N = 145)

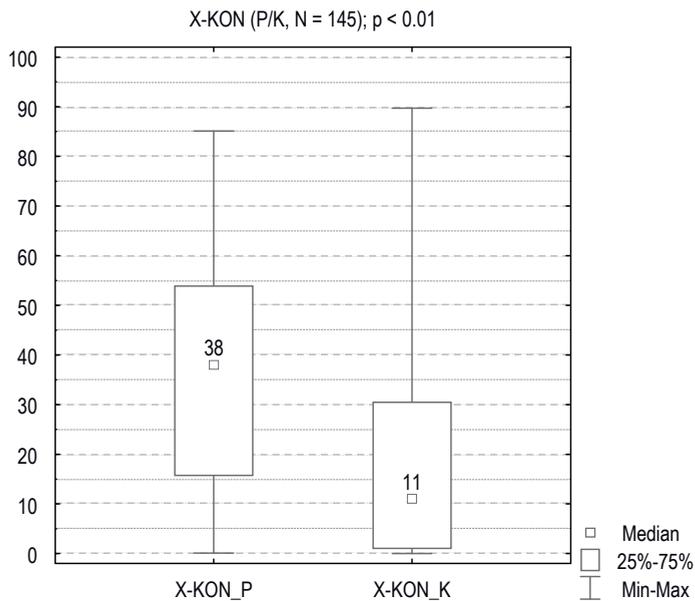


Figure 9. Comparison of the X-KON index values measured before and after therapeutic intervention

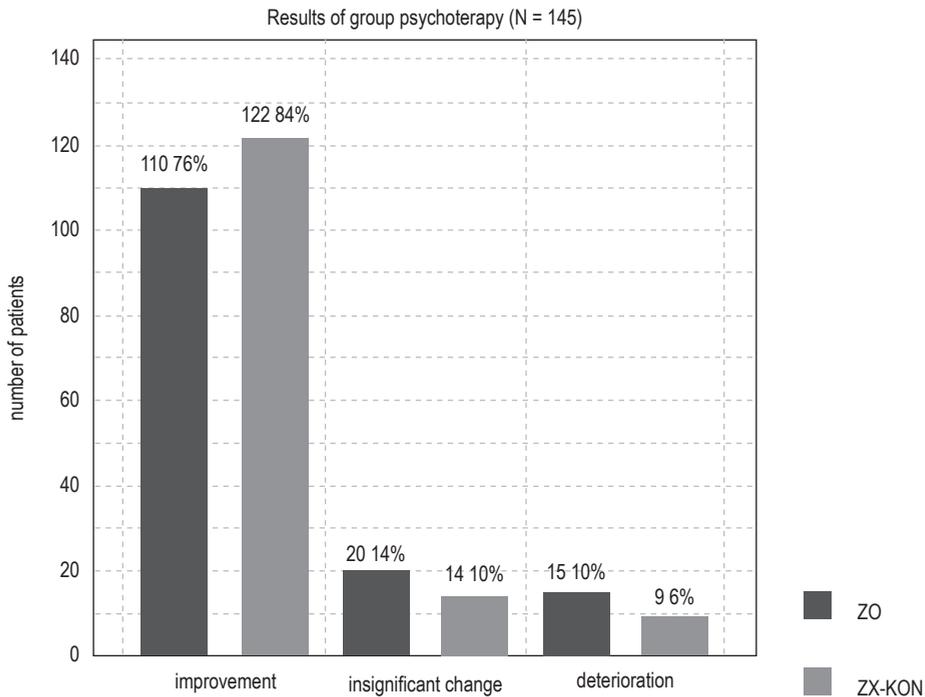


Figure 10. **Results of group psychotherapy in the study group**

(ZO – change in disorder symptoms, ZX-KON – Change in the severity of personality traits associated with neurotic disorders).

a replication, but also a valuable complementation and deepening of previous observations. Sobański et al. [36], in the study conducted in a group of 690 patients treated with group psychotherapy in 2004–2009, observed recovery in the area of the severity of neurotic personality traits ($X\text{-KON} < 8$) in 1/3 of patients. The results obtained in the smaller study show that the percentage of women and men, whose global severity of neurotic personality traits at the beginning of the therapy ($X\text{-KON}$ index) was in the range characteristic for ill people, and, at the same time, whose value of this index was found to decrease to values characteristic for the population of healthy individuals was similar and respectively equalled: in the group of women 32.7%, in the group of men 34%. There were no statistically significant differences in the size of change in global severity of neurotic personality traits in groups of men and women. Białas obtained similar results in her study in the group of 100 patients, at the same time, pointing that despite the lack of significant differences in the severity of neurotic personality traits, the analysis of particular scales of KON-2006 questionnaire reveals differences in the psychotherapy impact on particular components of the neurotic personality in groups of women and men [21]. Styła [29] showed lower effectiveness of psychotherapy in the reduction of severity of neurotic personality traits, than it was found in the present

study. He observed that the improvement resulting in final severity of neurotic personality traits in a range characteristic for healthy people occurred in 23% of respondents (21%, 27% and 21% – depending on the scientific centre in which the measurements were taken). The observed differences may be related to the inclusion of patients, who discontinued therapy before its scheduled completion to analyzes, by Styła, and the fact that the length of psychotherapy in two out of the three centers analyzed in his was significantly shorter (respectively 9 and 6-8 weeks). Moreover, the structure of comprehensive therapy was different – the share of group psychotherapy sessions was lower, the share of psychodrama art therapy and psychoeducation was larger.

The increase in global severity of neurotic personality traits was found in 10% of patients, which is consistent with the observations of other researchers [21, 29, 36].

In the course of psychotherapy the vast majority of patients (85.7% women and 80.8% men) achieved a significant reduction in neurotic disorders symptoms severity. Deterioration in the severity of symptoms was observed less often than in the severity of neurotic personality traits. (6%/10%). Among men, the percentage of people with the level of symptoms typically observed in the population of healthy individuals ($M < 190$, $W < 200$) increased in the course of psychotherapy by 61.7; in the group of women by 58.1. In the course of the therapy both women and men achieved a considerable improvement in reducing symptoms of neurotic disorders. The observations do not confirm previously observed trend towards more frequent recovery, in the course of psychotherapy, from the neurotic disorders symptoms severity in the group of men [21]. Moreover, the results of measurements conducted at the end of the therapy indicate that the group of women after completing the treatment shows significantly less neurotic disorders symptoms severity, compared to the severity measured in the group of men. Similar differences, though not statistically significant, were observed in the severity of neurotic personality traits, in the measurements performed at the beginning and at the end of the therapy. Observations made by Sobański et al. in a larger group of 690 people indicate that the vast majority – nearly 3/4 of patients treated for neurotic and personality disorders showed improvement (73%), including almost a half of patients (49%) who improved significantly, only 16% of patients did not show any change, and every tenth patient showed deterioration in the area of personality disintegration [36]. An interesting hypothesis which might explain slightly lower efficacy demonstrated in the study conducted by Sobański et al. [36] is the impact of the dose effect; study involved also less intense therapeutic processes (10 group psychotherapy sessions per week).

Analyzing the results of this study, the features of the studied group should be considered while referring the observations to the wider population of patients. The majority of the studied group were (typical for the analyzed day hospital) people before the age of 40, with higher education or in the course of higher education. Therapeutic activity used in this study was characterized with a significant intensity (150–210 group psychotherapy sessions; 15 sessions of group therapy per week). Slightly less than a half of the subjects had been treated for anxiety disorders. Only 17% of people in the studied group were diagnosed with specific personality disorders.

Despite those limitations the results of this study confirm the significant efficacy of intensive group psychotherapy in the treatment of neurotic disorders (including

primarily anxiety disorders – F40 and F41 according to ICD-10). The results are consistent with the conclusions of the meta-analysis made by Kösters et al., which show that the use of psychotherapy in the treatment of anxiety disorders is characterized by particularly high efficiency [40].

Bateman and Fonagy indicate the effectiveness of psychotherapy in the treatment of specific personality disorders [32]. The results of this study allow for the conclusion that people suffering from selected specific personality disorders benefit from intensive, short-term group psychotherapy (with elements of individual therapy). This issue requires further testing on numerous groups of patients diagnosed with specific personality disorders. Results of future research conducted in the before mentioned day hospital will be presented in subsequent publications.

Conclusions

1. The use of intensive, short-term group psychotherapy with elements of individual psychotherapy in patients treated for neurotic disorders and selected personality disorders results in a significant reduction of neurotic disorders symptoms severity and reduction in the intensity of neurotic personality traits in the vast majority of patients.
2. Reduction in the neurotic disorders symptoms severity to the level typically observed in the population of healthy individuals is observed in more than a half of the treated patients, and in the severity of neurotic personality traits in 33% of patients.
3. Significant deterioration in the course of psychotherapy is observed: for neurotic disorders symptoms severity – in 6% of patients, and for the severity of neurotic personality traits – in 10% of patients.
4. The frequency of obtaining recovery from neurotic disorders symptoms and neurotic personality traits does not differ significantly between groups of men and women.

Intensive short-term group psychotherapy is worthy of recommendation (effective and safe for the majority of patients) method of treatment of neurotic and selected personality disorders in both women and men. Favorable changes are obtained not only in the intensity of neurotic disorders symptoms, but also in neurotic personality traits and are accomplished in a reasonably short period of time, which is particularly important considering the relative stability of personality traits postulated in numerous studies. Analysis of the presented results indicates further important fields of research on the effectiveness of psychotherapy. These include: searching for predictors of psychotherapy results, the analysis of the factors influencing the process of psychotherapy, and an insightful assessment of changes in the structure of personality achieved in the course of psychotherapy especially in persons treated for specific personality disorders. Particular research attention should be focused on the group of patients who have not obtained improvement as a result of psychotherapy or who have suffered deterioration of neurotic symptoms and/or neurotic personality traits.

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