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## Efficacy of Psychotherapy Treatment of the Neurotic (Anxiety) Disorders Capabilities

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### Abstract

In the proposed paper we have undertaken studies on the effectiveness of the original psychotherapeutic notions called the psychotherapy of capabilities. The aim of this paper is to indicate that the psychotherapy of capabilities brings effects in reducing the neurotic (anxiety) disorders.

**Methods.** In the study, a random selection of a group was made in the number of 36 people (N=36), who were diagnosed, according to the ICD-10 qualification, anxiety type of disorders (a. F40 – anxiety disorders in the form of phobia (N=4); b. F41 – other anxiety disorders (N=19); c. F42 – obsessive-compulsive disorders (N=3); d. F45 – disorders occurring under the somatic form (N=36 including people with F40 and F41, F42 and F48); e. F48 – other neurotic disorders (N=9)). The N=36 group was divided into three N=12 groups, where 24 sessions of group psychotherapy were performed and 4 hours of individual therapy for each person during the study. At the beginning of psychotherapy, the measurement was performed using the OWK questionnaire (the “O” Symptomatic Questionnaire) and KON (Neurotic Personality Questionnaire). After its completion, the program participants were also subjected to the test with the mentioned questionnaires.

**Keywords:** psychotherapy, test, effectiveness, neurotic, disorders capabilities.

### 1. Theoretical context

Psychotherapy of capabilities grew from the scientific and research analysis, as well as practical one of different psychotherapeutic notions, e.g.: analytical, cognitive, cognitive-behavioural, or transactional analysis (Bartoszewski, 2012, 2014, 2015, 2016). The therapy model of capabilities is located in the electric trend, because it draws from different schools and their theoretical and practical achievements. Its basic assumptions is the statement as if the personality disorders grow from the tension between the unmet needs (Lery, 1940; Fromm-Rihman, 1949; Berne, 1960; Harris, 1979; Radochoński, Sokoluk, 1982; Satir, 1985; Sęk, 1991) in the period of primary socialisation and the parental attitudes, so-called negative, that is: avoidance, rejection, excessive requirements, excessive protectiveness (Minuchin, 1985). As a result of this, the disintegration of personality takes place, called *perturbatio personalitatis*, which is manifested by the lack of coherence at three levels:

a. a sense of awareness: it is associated with perception and reception of information, both external and internal, and their recognition as the arrangement of reality and linearly coherent, which can be understood. Thanks to this, man has a feeling that the given life situation is understandable, yet in some way it can be anticipated.

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b. a sense of emotional availability: it is associated with the skilful location of emotional states in the specific life situation, and at the same time the ability to name them and objectively read them, taking into account the sense of awareness.

c. a sense of accessibility to own body: it is associated with the determination of bodily reactions in various events caused by the daily life.

Coherence is a triple move of transcendence determined by us and it is an essential component of the correct personality. The absence of the sense of coherence results from socialisation processes) of course we cannot avoid the innate biophysical characteristics), which shape the psychological mechanisms, called the scripts. These, in turn, determine the individual revealing themselves in the human life situation.

This mechanism in a particular event causes a certain way of thinking, attitudes and actions. As a consequence, man behaves in a certain way externalising, e.g.: anxiety in the form of phobia.

The model of disorders, which we adopted, allowed us to develop psychotherapy called the psychotherapy of capabilities and to undertake studies on the effectiveness in the treatment of patients with disorders, in this case neurotic.

Psychotherapy, various trends, are the most adequate methods in the treatment of diverse disorders, also including the neurotic disorders (Cahill et al., 2013), the psychotherapist establishes contact with the patient in order to implement the system cooperation in the field of healing the person participating in psychotherapeutic sessions (Lambert, 2004).

Research on the effectiveness of psychotherapy is extensive, it is a good place to mention Tillett, who searching the available literature in this area has reached more than a thousand studies studying the effectiveness of psychotherapy of various trends and schools. As a result, based on the results of studies by other authors, he stated that the reliability of studies shows the effectiveness of psychotherapy (Tillett, 1996). While Monti et al. (1994), presenting the studies by other authors on the effectiveness of psychotherapy as well as their own, indicated that the effectiveness of the approach consisting of behavioural factors was confirmed, namely the psychotherapeutic impacts allow the patient to function better in diverse life situations through the implementation of previous psychotherapeutic interactions, e.g.: in the form of training of constructive social attitudes, or training of coping with stress situations (Włodowiec, 1988). Also Gabbard (2000), or Koerner and Linehan (2000) emphasised that the effectiveness of research on psychotherapy in the field of anxiety disorders leads to a significant reduction in symptoms, which also affects the better functioning in the local, family and global societies.

Therefore, research on the effectiveness of psychotherapy is conducted regularly and systematically, this was noted by Bergin, Lambert (1990), hence, bearing in mind a series of studies, and the theoretical and practical experience we have undertaken to present the study results concerning the effectiveness of the psychotherapy of capabilities in anxiety disorders.

## 2. Methodology of studies

The test sample included 36 patients, with 21 women and 15 men, participating in psychotherapy in the outpatient form. The patients have previously expressed their consent to participate in the research. The basic criterion for the selection of the group was associated with the diagnosis consistent with the qualification included in ICD-10, and so:

a. the disorders classified as follows were adopted: F40, F41, F42, F45, F48.

b. psychotherapy of capabilities was applied assuming 24 therapeutic sessions within 24 weeks, that is 24 group sessions and 2 individual sessions per person.

c. from the study group we excluded people addicted to psychoactive substances and alcohol, as well as people with the diagnosis of OUN organic changes, and people, who were diagnosed in the field of acute reaction to stress F43.0 and posttraumatic stress disorder F43.1. It should be noted that each of the respondents, in accordance with the assumptions, was obliged to the psychiatric and psychological consultation, that is he underwent the clinical examination before and after psychotherapy. The distribution of age variables was divided into ranges, it is worth noting that 72,22 % of the respondents were between 32-41 years old, 8,34 % 42-51, while only 19,44 % at the age of 21-31. While in terms of education, 52 % had higher education, 30 % secondary and 20 % vocational (Table 1 presents it).

**Table 1.** Age and education of the respondents

	number of people		men		women		education					
	N	%	N	%	N	%	higher		secondary		vocational	
							N	%	N	%	N	%
21-31	7	19,44	5	34	2	10	3	16,5	4	40	0	0
32-41	26	72,22	7	46	19	90	12	67	6	60	8	100
42-51	3	8,34	3	20	0	0	3	16,5	0	0	0	0
total:	36	100	15	100	21	100	18	100	10	100	8	100

Source: own studies

Gap: 30

Median: 36,5

Skewness: -0,104

Standard error: 4,287

Variation coefficient: 28,901

Average deviation: 8,333

Arithmetic mean: 36,333

Standard deviation from the sample: 10,501

Standard deviation from the population: 9,586

Variation from the sample: 110,267

Based on the ICD-10 classification, the respondents were diagnosed with the following disorders:

- a. F40 – anxiety disorders in the form of phobia (N=4)
- b. F41 – other anxiety disorders (N=19)
- c. F42 – obsessive-compulsive disorders (N=3)
- d. F45 – disorders occurring in the somatic form (N=36 including people with F40 and F41, F42 and F48).
- e. F48 – other neurotic disorders (N=9).

People participating in the study were divided into three groups of 12 people. The number of people in the groups in periodic terms of 24 weeks has changed due to random reasons of the program participants, that means it happened that they did not appear on the group session. In the first group it was the level of 3 people, in the second one 4, and in the third one 2. Customarily, in each group these were the same people. The therapeutic program was completed by 12 people in the first group, 12 in the second one, and 12 in the third one. The time of individual psychotherapy was 1x1hour, while the group 1x2hours. In justified cases, the therapy was stopped or extended (this only concerned the random events).

The group and individual therapy were conducted by the creator of the psychotherapeutic model, it was also supervised by people with competence and qualifications in this scope. Moreover, the research participants were under constant care of a psychiatrist and psychologist.

The therapy was carried out based on the psychotherapy model of capabilities, the rules of setting were also taken into account, as well as the rules of confidentiality and secrecy resulting from their psychotherapy.

**Research hypothesis**

In this study in the effectiveness of psychotherapy of capabilities the following research hypotheses were formulated:

- a. developed model of psychotherapy of capabilities effectively leads to the significant reduction of anxiety symptoms.
- b. change in the severity of anxiety symptoms after participation in the program of psychotherapy of capabilities does not significantly differ in the group of women and men.

## Tools

In order to verify the research hypotheses the measurement tools were used of the neurotic personality with the Neurotic Personality Questionnaire (Aleksandrowicz KON), Cronbach alpha is from 0,6 to approx. 0,9. It is a tool, which not only diagnoses the neurotic personality symptoms, but also allows us to determine the severity of changes in terms of personality traits. With this tool we can examine the symptoms of the disorder worsening, so called functional, in other words the scope of experiencing, the scope of behaviour, or the scope of somatisation.

We also used the Symptomatic "O" Questionnaire (Cronbach alpha is 0.94), which is a tool used un the studies of mental disorders. It was developed for the Polish population by Aleksandrowicz (1994). This questionnaire is very sensitive (Aleksandrowicz, 1981), it additionally allows to determine and assess the severity of symptoms. It includes 138 positions, of which 68 relate to the symptoms of experiencing, like: anxiety, depression, while 23 to the behavioural disorders, 47 to somatic disorders. Three positions in the entire set are repeated in the identical or similar wording, the idea was to strengthen the reliability of the respondent's answers.

The questionnaire is filled by the respondent evaluating his condition, it is indicated that the person filling it in should take into account the last seven days and mark each symptom (there are 135 symptoms in the questionnaire) based on the indicated scale:

- o – no symptoms,
- a – the symptom occurs, but it is not too troublesome,
- b – the symptom is an average nuisance,
- c – the symptom is a considerable inconvenience.

The selected scale has a specific weight and so: "o" has the "o" weight, "a" has got "4" weight, "b" has got "5" weight, "c" has got "7" weight, the maximum number of points is as much as 966. Of course, the value of the coefficient was taken into account for women and men. Thus, based on the research it is assumed that the OWK value for healthy women is  $OWK > 200$ , while for healthy men  $OWK > 190$  (Aleksandrowicz, 1986, 2006).

In order to determine the personality traits of the respondents, the questionnaire of the intensity of neurotic personality traits by Aleksandrowicz was used. This tool consists of 243 claims, where the respondent indicates whether the given statement is true or false. The questionnaire has 24 scales examining the severity of the specific features of the neurotic personality. The general aggravation of features is determined by the X-KON factor, and so, for people in the healthy population this is 8 points, for sick people the factor values is classified over 18 points, while the range between 8 and 18 is diagnostically incomplete (Aleksandrowicz, Klasa, Sobański, Stolarska, 2006). Measurements on the effectiveness of psychotherapy have been conducted twice, that is before starting the psychotherapy and after its completion. The obtained data were subjected to the statistical analysis.

## 3. Results

Before and after the psychotherapy, participants of the program were asked to fill in the KO "O" and KON-2006 questionnaire. The result below in Table 2 and 3.

**Table 2.** Descriptive statistics of the measured indicator values at the beginning and at the end of the OWK-1P-OWK-2P psychotherapy (N-36)

Variable	Min.	Max.	R	Median	Q1	Q2	Q3
OWK-1P	41	756	715	398,5	219.75	398.5	577.25
OWK-2P	8	581	573	294,5	151.25	294.5	437.75
Women – 21							
OWK-1P	41	756	715	398,5	219.75	398.5	577.25
OWK-2P	8	427	419	217,5	112.75	217.5	322.25
Men – 15							
OWK-1P	80	622	542	351	224.5333	369.0667	513.6
OWK-2P	15	581	566	298	165.9333	316.8667	467.8

OWK-1P: the value of the global indicator of the “O” Symptomatic Questionnaire at the beginning of psychotherapy.

OWK-2P: the value of the global indicator of the “O” Symptomatic Questionnaire after the completion of psychotherapy.

Min.- minimal value, Max.- maximum value, R-gap, Q1-first quartile, Q2- second quartile Q3-third quartile.

Examining the effectiveness of psychotherapy of capabilities the so-called significance criterion was adopted at the level above the standard of 0,5. The anxiety symptoms in the tested group were measured based on the ratio of the global intensification of OWK symptoms at the beginning and at the end of psychotherapy. They fit within the following limits:

a. Women:

OWK-P1: 41-756 beginning of psychotherapy,

OWK-P2: 8-427 end of psychotherapy.

b. Men

OWK-P1: 80-622 beginning of psychotherapy,

OWK-P2: 15-581 end of psychotherapy.

Therefore, the change in the symptoms was noted in almost 78 % of the study participants, that is in 27 people, including 20 women and 7 men. In eight people the OWK value was observed at the level of OWK <190, OWK<200, that is it was at the level of healthy people. These people left the therapeutic activities due to random events. It should be also noted that the remaining values of the people were classified at the level of neurotic disorders (anxiety). Furthermore, analysing the symptoms in relation to gender, we noticed a much higher improvement in women than in men, because 75 % women and 25 % men. At the same time, in general terms, the OWK-P1 and OWP-P2 variable, the normal distribution was as follows (it concerns the neurotic symptoms, in our case anxiety):

a. before the start of therapy (36 people)

chi-square test = 16,2663, p=0,001

b. after the end of therapy (36 people)

hi-square test = 759.8136, p<0,001.

**Table 3.** Descriptive statistics of the measured indicator values at the beginning and at the end of psychotherapy X-KON-P1-X-KON-P2 (N=36)

Variable	Min.	Max.	R	Median	Q1	Q2	Q3
X-KON-P1	0,1	85	84,9	42,55	21.25	42.5	63.75
X-KON-P2	0	89,5	89,5	44,75	22.25	44.5	66.75
Women – 21							
X-KON-P1	0,1	85	84,9	42,55	22.2619	44.5238	66.7857
X-KON-P2	0	81	81	40,5	21.2143	42.4286	63.6429
Men – 15							
X-KON-P1	3,4	82,6	79,2	43	24.0667	45.1333	66.2
X-KON-P2	0	89,5	89,5	44,75	23.7333	47.4667	71.2

X-KON-P1 – value of the global ratio of the neurotic personality – beginning of psychotherapy

X-KON-P2 – value of the global ratio of the neurotic personality – end of psychotherapy.

Min. – minimal value, Max. – maximum value, R – gap, Median, Q1 – first quartile, Q2 – second quartile, Q3 – third quartile.

In the study we have assumed that measuring the neurotic (anxiety) personality characteristics we will do this based on the X-KON questionnaire, hence it was also necessary to assume the intensification factor of the neurotic personality traits. This ratio in our group was classified at the level of:

a. Total respondents

from 0,1 to 85 before psychotherapy

from 0 to 89 after psychotherapy

b. Women

from 0,1 to 85 before psychotherapy

from 0 to 81po after psychotherapy

c. Men

from 3,4 to 82,6 before psychotherapy

from 0 to 89,5 after psychotherapy.

Improvement on neurotic (anxiety) personality traits was observed in nearly 78 % of participants, that is 16 women and 6 men, a total of 22 people from 36 respondents. A significant increase in the global severity of the neurotic (anxiety) personality traits was stated in 8 people, that is in five women and three men. This indicator, so-called typical for healthy people X-KON < 8 in the group participating in the study was observed in three women (15 %) and three men (20 %) at the beginning and at the end of the study.

Thus, verifying the severity of neurotic personality traits in general terms of the X-KON-P1 variable before and after psychotherapy X-KON-P2 was as follows for 36 tested people:

a. before psychotherapy

chi-square test = 803.8136,  $p < 0,001$ .

b. after psychotherapy

chi-square test = 705.8136,  $p < 0,001$ .

It should be noted here that the applied psychotherapy of capabilities brought about significant changes in the severity of disorders studied with the OWK questionnaire at the beginning and at the end of therapy, and a significant change in the severity of personality traits studied with the X-KON questionnaire at the beginning and at the end of psychotherapy. This is presented in [Table 4](#) below.

**Table 4.** Effectiveness of psychotherapy – general approach

Total (36)	Before	After
	36	21
BiZ from 36	0	9

BiZ – without significant changes before and after

**Table 5.** Effectiveness of psychotherapy of capabilities – divided by gender.

Total (36)	Women (21)			Men (15)		
	Po	BiZ	Pg	Po	BiZ	Pg
	14	4	3	7	5	3

Po – improvement, BiZ – without significant changes, Pg – deterioration

By examining the indicated group it should be noted that the severity of changes related to the psychotherapeutic impact due to gender is as follows: a significant improvement was noted in women, because 14 people underwent significant improvement, that is almost 70 % of women, while in men this was classified at the level of 47 %. Of course we must remember that a small research group does not allow to clearly determine the impact of the gender on the effectiveness of psychotherapy of capabilities. Comparison of the results of indicators before and after psychotherapy was performed on the basis of the Wilcoxon test, of the so-called rank characters for the related measurements,  $p < 0,05$ .

#### 4. Discussion

The conducted research shows that psychotherapy of capabilities brings effects in terms of anxiety disorders. Of course, one can think about undertaking a similar study, but with a greater research sample. Conclusions from the conducted studies confirm that psychotherapy is an added value to the element of patient's healing.

The vast majority of respondents (73 %) achieved a significant variation in the severity of neurotic (anxiety) symptoms. It is worth noting that this applied to the severity of neurotic personality traits both in women and in men, also for the neurotic symptoms. Among men, in whom there was an intensification of neurotic personality traits, we only had 20 %, in women it was only 14 %. Intensification of neurotic symptoms measured with OWK-2P was stated in women at 2 % while in men it was at the level of 4 %.

Analysing the results of studies it is worth paying attention to the essential characteristics of the research group, namely, all people participating in studies were patients, so-called coming, it is difficult to state how this psychotherapeutic model would work, e.g.: at the day hospital. Moreover, the majority of respondents had a higher education, because as much as 67 % and remained in the age group 32-41, which resulted in a greater involvement in the therapeutic process, much more intense than in people with vocational and secondary education. It should be also emphasised here that the therapeutic interaction was used with the same intensity despite lesser involvement of people with vocational and secondary education.

Also people participating in the therapy before benefited from the help of psychotherapy, but it was not a significant percentage, it was at the level of 14 %. The assumed hypotheses were confirmed. Psychotherapy of capabilities brings the effects in the intensive work with patients with neurotic (anxiety) disorders. It should also be noted that the obtained results are, among others, in line with the conclusions based on meta-analysis, which is used for the studies, for example, psychotherapeutic.

In Poland, the study on the effectiveness of different psychotherapeutic modalities was conducted by, e.g.: Sobański et al., (2006), Włodowiec (1998), Bryła-Zielińska (1997), or Czabała et al. (1980) which clearly shows that the intensive psychotherapy leads to the improvement of mental health.

Furthermore, given our research, we would like to emphasise that, among others, Kösters et al. indicated that there is a significant dependency between psychotherapy and anxiety disorders (Kösters et al., 2006), in terms of health improvement, also Goodyer et al. (2008) showed that the intensive psychotherapy leads to the improvement of patient's health quality.

The proposed model verified with empirical studies allows us to conclude that people suffering from anxiety disorders can find solace in the intensive psychotherapy of capabilities. Nevertheless, we have to remember that studies were conducted on a small group, because only 36 people, but the result may lead us to believe that the use of tools and techniques from psychotherapy of capabilities leads to a significant improvement. At the same time, our research efforts on psychotherapy are not limited only to these studies, but different ones are carried out, which will profoundly verify the adopted assumptions, and at the same time confirm or reject the thesis that psychotherapy of capabilities is an effective model leading to the reduction of certain disorders.

#### 5. Results

Adoption of hypotheses on the effectiveness of the psychotherapy of capabilities was confirmed, for this purpose we have used the statistical analysis and meta-analysis used in the studies on psychotherapy. The main result of the research is the confirmation of the significant change in the severity of the disorders tested with the OWK questionnaire at the beginning of the therapy and at its end, and a significant change in the severity of personality traits of the respondents using the KON questionnaire at the beginning and at the end of the psychotherapy.

#### 6. Conclusion

Psychotherapeutic impacts used based on the psychotherapy model of capabilities have a significant effect on the reduction of neurotic (anxiety) symptoms and personality traits measured with the KON Neurotic Personality Questionnaire. In the adopted model of psychotherapy, a significant role is played by scripts as the psychological mechanism is shaped in the process of

socialisation and education, reinforced in secondary socialisation. This mechanism is manifested in the particular situation, e.g.: in the selection manners – risky behaviours.

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