Changing Problems, Changing Aims: The development of change in psychoanalytic psychotherapy evaluated by PATH, a tool for studying longterm treatments

Hermann Staats, Joachim Biskup & Falk Leichsenring

Abstract:

The **"Goettingen Study on the effectiveness of psychoanalytic psychotherapy"** started in 1992; by now five patients have had their 1 year catamnestic interviews. Part of this study is "**PATH**", a method of investigating the development of **P**roblems and **A**ims in **Th**erapy and their changes.
We illustrate PATH using a case example and present PATH data from five patients. First results lead to the impression that reduction of suffering occurred mostly in the last 80 sessions of therapy. Patients' aims seemed to be achieved mostly in the time directly following their formulation. Aims and problems did change during longterm psychoanalytic treatment; and gains were substantial in later parts of treatment for some patients.

1. The Goettingen study on the effectiveness of psychoanalytic psychotherapy

- is a naturalistic study
involving now about 20 psychoanalysts, mainly in private practice.

- investigating the effects of
psychoanalytic psychotherapy (2 to 3 sessions weekly for 2-4 years) and
analytically orientated psychotherapy (1 session weekly for 1-2 years)

- assessing outcome referring to symptoms, interpersonal problems, emotional well-being, quality of life and individual problems and aims.

and using a combination of well-normed (mainly self-report) diagnostic instruments (e.g. SCL 90, IIP, VEV) with a diagnostic approach tailored to the specific conditions of longterm psychoanalytic psychotherapy: **PATH**.

Points of measurement are before therapy (T1), at 50 sessions (T2; in a pre-study: 80 sessions), 160 sessions (T3), end of therapy (T4) and one year after termination of therapy (T5).

In our study, we expect quantitative differences between psychoanalytic psychotherapy and psychodynamic therapy. We expect qualitative differences, too, and assume, that during psychoanalytic psychotherapy problems and aims arise which patients did not before experience as such: new problems and new aims. This is in accordance with the description of psychoanalysis as a focal therapy with shifting foci (Thomä and Kächele 1985).

2. "PATH" is a method of investigating change in Problems and Change in Aims during THerapy.

Several instruments are used for studying change in psychotherapy. One of these is goal attainment scaling (Kiresuk and Shermann 1968).
At least in Europe, the idea of a "goal" somehow looks like a metaphor transferred from the football (or soccer) grounds: Goals are set up before the start, a time period is fixed - twice 45 minutes - and in the end you hit it or you did not. For short term psychotherapy this is a useful concept. However, we think it is not well suited for long term psychotherapies:

Problems and aims change - in life and during therapy. Problems usually stay; they rarely end, they often change. So we modified goal attainment scaling in order to evaluate individual problems and aims in therapy **and their changes**. We included the development of new problems and aims arising during therapy and do not confine ourselves

to studying problems and aims presented at the beginning of therapy. This way, we hope to ensure that the effects of working on problems which emerge later in the course of therapy will not be lost .

With PATH, at each point of measurement we ask for problems and aims as they are experienced now. Patients describe their problems and aims in their own words. They rate, on a five point scale, how much they suffer from these problems. From T2 onwards they are then given photocopies of the problems and aims they described at previous points of measurement in the study and rate how much they now suffer from these "previous" problems and in how far they have achieved these "previous" aims.

Using PATH, with each new problem arising during therapy a new scale is opened. This way we hope to avoid ceiling effects and effects of adaption to change.

Suppose, for example, a patient has rated his anxiety on a five point scale (0 = not at all; 1 = little; 2 = somewhat/moderate; 3 = severe; 4 = could not be worse) as 3 = "severe" and experienced relief during the first sessions of therapy. He may now experience his anxiety as 1 = "little". Perhaps, he has rarely been so free from anxiety during the last months as he is now. It is for this reason, he considers his symptoms as "little". This is the expected great change between T1 (beginning) and T2 (50 sessions) for problems described at the beginning of therapy and between T2 (50 sessions) and T3 (160 sessions) for new problems first described at T2. If - further on in therapy - symptoms decrease as much as they did during these first sessions, the patient could only rate his anxiety as "not at all" at later parts of therapy - what he may be unwilling to do. The amount of change in symptoms will not be depicted on the scale; people may - falsely - conclude, that later parts of therapy do not lead to considerable change anymore. Indeed, with adaption to progress, progress may become less impressive; and if there is no further progress, adaption to what has been gained may cause patient ratings of achievement to fall.

3. Case example: Mr. U:

We shall explain PATH by using a case example from our pre-study, a 40 year old male patient with problems at work, problems with friends and in his familiy, a promiscous sexual life and a long history of stomach ulcera, having caused life threatening bleeding and surgical intervention. Let us call him Mr. U.

Mr U. sees himself as a person always prepared to help, and deeply disappointed with others, who do not help him. He does not see, that he **forces** his ideas on **how** he wants to be helped on others and so makes them retreat.

Fig. 1: Mr. U.: Problems - Part I

T1 (Start)	T2 (80 sessions)	T3 (160 sessions)	T1	T2	T3
1. Too much stress, time pressure			3	3	3
2. To mark limits in contact with other people			3	2	3
3 Unhealthy eating and drinking habits			2	2	2
	1. Too little opportunities to relax			3	2
	2. Financial burdens			2	1
	3. Conflicts with my wife			2	1
unexpected change:	- Friendships have improved a lot: +3: - How I see myself has				

	changed for worse: -2:		
		1. Conflict with my father and sister	3
		2. Too little time for myself	3
		3. At times I feel lonely	3
unexpected change		Passing feelings of loneliness: -2 Sometimes felt as pleasant inner peacefulness: +2	

He describes his problems at the beginning of therapy as:

"Too much stress, time pressure" - rated "3" = severe

"mark my liDiskettenlaufwerk Diskettenlaufwerke" - rated severe

and "unhealthy eating and drinking habits" - rated as suffering moderately

After eighty sessions the patient describes his most urgent problems anew, rates how much he suffers from them and once again describes his aims for treatment.
He then gets photocopies of what he has written at the beginning of treatment. He rates again how much he is suffering under the problems described at that time and in how far he has reached the aims described at that time.
He is also asked to describe changes in areas, where he did not expect change before. After 80 sessions - at time T2 - Mr. U notes: "Friendships have improved a lot" and " how I see myself has changed for worse".

This is repeated at 160 sessions, at the end of therapy and one year after therapy.

Fig. 2: On this sheet you can see all the data for change of problems during treatment of Mr. U.

T1 (Start)	T2 (80 sessions)	T3 (160 sessions)	T4 (240, end)	T5 (catamnesis, one year after treatment)	T1	T2	T3	T4	T5
1. Too much stress, time pressure					3	3	3	0	0
2. To mark my limits in contact with other people					3	2	3	2	1
3. Unhealthy eating and drinking habits					2	2	2	3	1
	1. too little opportunities to relax					3	2	1	1
	2. financial burdens					2	1	0	2
	3. conflicts with my wife					2	1	1	2
	friendships have improved a lot: +3 how I see me has changed for worse: -2								

	1. Conflict with my father and sister	3	0	0
	2- too little time for myself	3	0	0
	3. at times I feel lonely	2	1	1
	passing feelings of loneliness: -2 sometimes felt as pleasant inner peacefulness: +2			
Problems Mr. U.:	1. my professional career		3	1
4.: "could not be worse"	2. my health: back, stomach, eating habits		2	0
3.:"suffer severely"	3. handling anger		3	1
2.: "suffer somewhat"	other men's woman are less important now: +3 friendships have improved much: +3			
1.: "suffer little"				
0.: "suffer not at all"	1. too little sex			3
	2.too little sun, I often feel cold			2
	3. too many wars			4
	I feel more self-possessed and calm: +3 I face problems now and feel that I can tackle them successfully: +3			

What do we see as results of a treatment judged as successful both by the patient and the analyst?

Looking just at the ratings for suffering at the beginning and the end of therapy you may think:

- Mr. U. is suffering more under his problems at the end of therapy ("severe", "somewhat", "could not be worse") than he did at the start ("severe", "severe", "somewhat").

- The problems he suffers from at the end are different from those he suffered from at the beginning of therapy.

- Impressive change occurred in areas, where Mr. U. did not expect change to occur: After 80 sessions - at T2 - you find "Friendships have improved a lot" - a +3, "much improved" - and "how I see me has changed for worse" -something he rates a - 2, a "moderate" setback. "How I see myself has changed for worse" may not look like progress. In this case, however, it describes the early focus of treatment: Mr. U. now realizes how he forces others to do as he wants them to do and no longer sees himself as a "hero helper". His image of himself has become worse. In consequence, he is no longer as disappointed as he used to be: his friendships have become much better.
After 160 sessions - at T3 - passing feelings of loneliness arise and are sometimes felt as "pleasant inner peacefulness". Other mens' women have become less important at the end of therapy with friendships improved - at T4. One year after therapy ended Mr. U. describes that he feels more self-possessed and calm (+3) and that he faces problems now and feels that he can tackle them successfully.

- A last point can be noted: Problems can change in content. "Too much stress" at T1 changed to "too little opportunities to relax" at T2 and into "too little time for myself" at T3 before completely disappearing at the end of treatment. You may argue, though: no more therapy three times weekly - that greatly reduces the problem of "time pressure"!

4. Evaluating PATH data:

You have seen part of the PATH data - the "problems", not the aims" - for one patient, Mr. U. These data can be evaluated in different ways:

- One way is their use as a basis for empirically validated case studies.

- Another possibility, reducing the complexities of the data, is the use of content categories, enabling the statistical

evaluation of content changes in patient groups. Content categories for problems and aims have been developed by Faller and Goßler (1998). Larger samples of patients are needed to obtain interesting results - we hope to report on these in a couple of years.

- In this contribution we try to evaluate these data using quantitative indices. **Reduction of suffering** and **achievement of aims** are assessed in form of numerical data.

If you want to follow Mr. U., have a look at the line marked with crosses. He is a patient with a psychosomatic disorder, stomach ulcera, (ICD-10: F54) and a character neurosis (ICD-10: F60.9)
Two patients suffered under panic disorder (ICD-10: F41.0), one of them with additional diagnosis of a narcissistic personality disorder (ICD-10: F60.8) and a somatization disorder (ICD-10: F45.1).
One patient was diagnosed as dysthymic (ICD-10: F34.1), with sexual dysfunction and a character neurosis.
Diagnosis of the patient marked with triangles is a narcissistic personality disorder.

4.1 A look at the "problems"

4.1 The following figures show the reduction of average suffering under problems first described at various times of therapy (Mr. U. marked X):
T1 (beginning of therapy)
T2 (80 sessions of therapy)
T3 (160 sessions of therapy,if therapy had 210 sessions altogether)
T4 (End of therapy, after 160 or 240 sessions of therapy)
T5 (12 months after end of treatment, catamnesis)

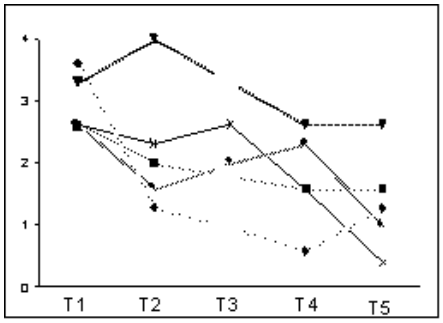

Fig. 3: Problems described at T1

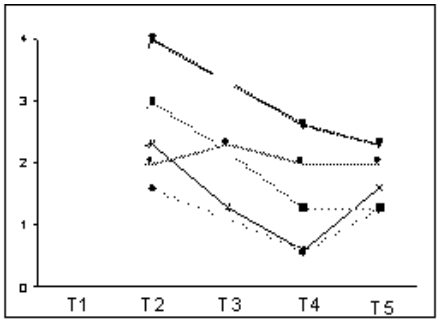

Fig. 4: Problems described at T2

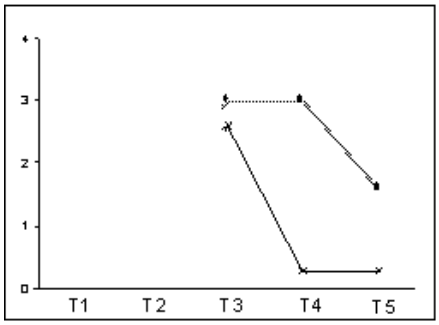

Fig. 5: Problems described at T3

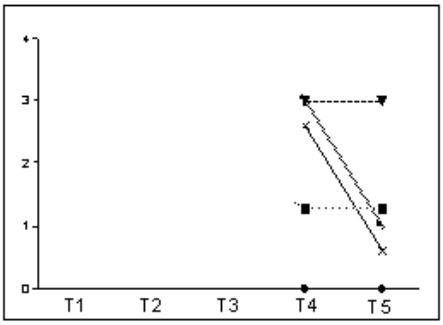

Fig. 6: Problems described at T4

0 = not at all; 1 = little; 2 = somewhat/moderate; 3 = severe; 4 = could not be worse)

Comment:
The patient diagnosed as suffering from a narcissistic personality disorder experienced little reduction of suffering under his problems during therapy. He restarted working during therapy and has been keeping his job up to now; but his interpersonal problems and somatic complaints have changed little.

Two patients with anxiety disorder have experienced a lot of reduction of suffering.

For Mr. U. suffering under problems that only appear in the course of therapy or at the end of therapy seems to be reduced faster as compared to suffering under problems he began with.

4.2. The average reduction of suffering under problems for treatment intervals.

This index uses **average** values for change in problems. Here it becomes necessary to distinguish between "old" problems, that come up repeatedly in new words during the evaluation, and new problems. Problems are rated but once. For Mr. U. the problems "too little opportunities to relax" (at T2) and "too little time for myself" (at T3) are considered "old" problems, repetitions of "too much stress, time pressure" (at T1).
Problems and aims are rated "old" (= repeated) if they are:

- equal in content **or**
- similar in content and equal in their first rating.

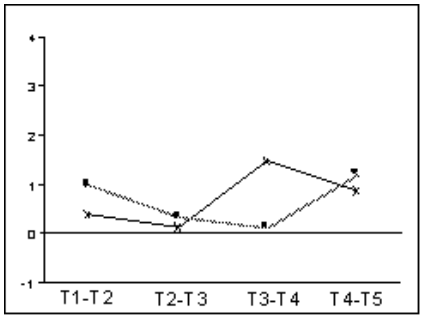

Fig. 7

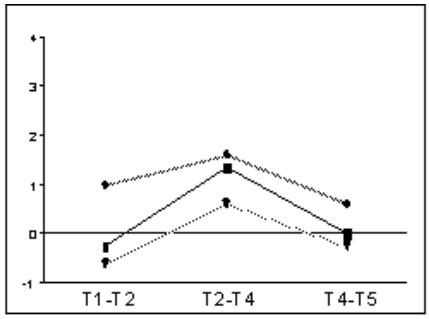

Fig. 8

On the left you find treatments lasting 240 sessions. That makes five points of measurement and thus four treatment intervals. On the right you find treatments lasting 160 session, with four points of measurement and three treatment intervals. T4-T5 is the catamnestic interval.

Comment:
Suffering under problems - that is the area under the curve - is in most patients strongly reduced in the final 80 sessions of therapy - between 160 and 240 sessions in Mr. U. and 80 to 160 sessions in other patients.
Maybe patients stop therapy, once they have "solved" a lot of their problems.

4.3 A look at the aims and their changes

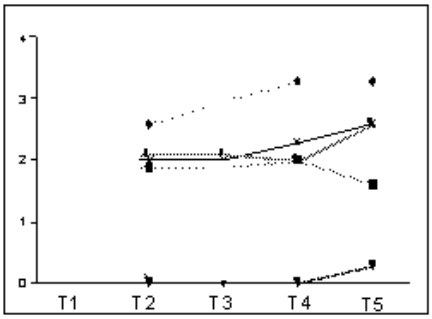

Fig. 9: Goal attainment for aims described at T1

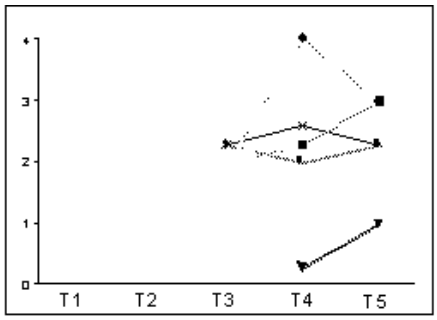

Fig. 10: Goal attainment for aims described at T2

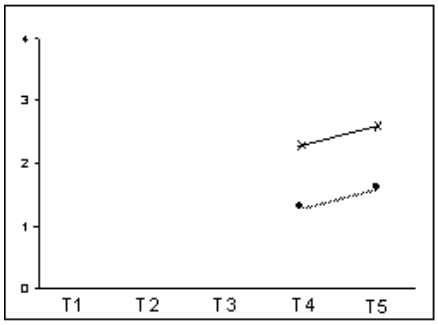

Fig. 11: Goal attainment for aims described at T3

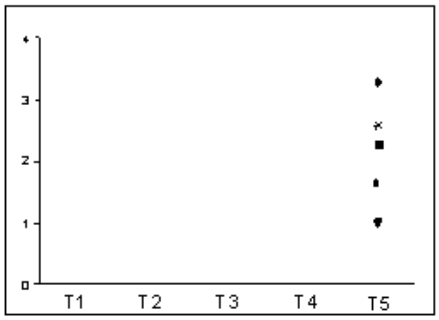

Fig. 12: Goal attainment for aims described at T4

(Goal attainment: 0 = "not at all", 1 = little, 2 = moderate, 3 = much, 4 = completely).

You can see goal attainment scores starting at about 2 = "Moderate" goal attainment. There is not much increase after this first interval. This seems to hold true for goals early and late in therapy.

Comment:
Aims seem to be achieved to a considerable extent in the time directly following their formulation.
"Simple" goal attainment may thus lead to the impression, that there is little change in later parts of therapy - contrary to clinical knowledge and to our PATH data.
The impression of little change in later parts of therapy may be considered an artifact of the method used. If this finding holds true for a larger number of patients, unmodified Goal Attainment Scaling may not be well suited to evaluate long term psychotherapies.

5. Some standardized self report instruments and the change they show during treatment

In these five patients it looks as though change in subjective feeling of well-being (Bf-S) may precede reduction of suffering under problems in some patients but not in others. Well-being may decrease in therapy. Symptom reduction is not well shown by GSI, PST and PSDI (SCL-90-R).

6. Discussion

Remembering all these lines leads to the impression that reduction of suffering seems to occur mostly in the last 80 sessions of therapy. Aims seem to be achieved mostly in the time directly following their formulation.

Possibly with some irony we have been warned: "Never generalize from one patient - always wait for two". We do not know **who** said so; if any reader should know the quote, please let us know!
Keeping this in mind, our approach may be able to show that

- aims and problems do change indeed during longterm psychoanalytic treatment; and that

- gains may be substantial in later parts of treatment for some patients.

References:

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