

ЗМІНИ У ПАТЕРНАХ СТОСУНКІВ ПАЦІЄНТІВ ПІСЛЯ КОРОТКОФОКУСНОЇ ПСИХОДИНАМІЧНОЇ СТАЦІОНАРНОЇ ПСИХОТЕРАПІЇ

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Реферат

Мета. Дослідити можливі зміни у патернах стосунків непсихотичних психіатричних пацієнтів, що відбуваються у процесі короткофокусної психодинамічної стаціонарної психотерапії, а також їхні кореляції з клінічним та суб'єктивним покращенням стану пацієнтів; випробувати валідність української версії методу центральної теми конфліктних стосунків (ЦТКС).

Матеріал і методи. У дослідженні взяли участь пацієнти стаціонару №2 Львівського обласного клінічного психоневрологічного диспансеру - клінічної бази кафедри психіатрії та психотерапії Львівського національного медичного університету ім. Данила Галицького. В усіх пацієнтів було діагностовано непсихотичні психічні розлади за МКХ-10, і всім було призначено по 10 сеансів індивідуальної короткофокусної психодинамічної психотерапії. Дослідження проводилося за натуралістичним дизайном. Основний метод дослідження - метод центральної теми конфліктних стосунків (ЦТКС). Перед початком психотерапії, усі пацієнти взяли участь у напівструктурованому інтерв'ю, у якому розповіли про десять конкретних випадків (епізодів) стосунків з однією важливою для них особою на власний вибір. Кожен епізод стосунків повинен був містити три компоненти: бажання пацієнта стосовно іншої людини; реакції іншої особи на ці бажання; власні реакції пацієнта у відповідь. Найважливіші поєднання цих компонентів склали центральні теми конфліктних стосунків пацієнтів. Компоненти було виділено з розповідей з епізодами стосунків та перекладено у стандартні категорії ЦТКС системи категорій ЦТКС-ЛУ (лейпцизько-ульмської). Перед початком лікування, пацієнти також заповнювали психопатологічний опитувальник SCL-90 з метою оцінки наявної у них психопатологічної симптоматики. Пацієнти, які завершили курс психотерапії, повторно проходили інтерв'ю, присвячене їхнім стосункам із тією ж важливою для них особою, заповнювали Опитувальник змін у переживаннях та поведінці VEV-test, а також повторно заповнювали опитувальник SCL-90. Статистична обробка результатів проводилася з використанням програм SPSS, версія 23.0, та Microsoft Excel.

Результати й обговорення. Із загальної кількості обстежених пацієнтів (N=51), 30 завершили курс психотерапії з 10 сеансів, а 21 - з різних причин перервали лікування. Перед початком лікування, частка гармонійних реакцій інших осіб в епізодах стосунків становила 27.52%, а частка дисгармонійних - 72.48%; частка гармонійних власних реакцій пацієнтів становила 23.49%, а дисгармонійних - 76.51%. Після завершення лікування, частка гармонійних реакцій інших осіб зросла до 40.26%, а част-

ка дисгармонійних - відповідно зменшилася до 59.74% ($p \leq 0.001$); частка гармонійних власних реакцій пацієнтів зросла до 43.38%, а частка дисгармонійних - зменшилася до 56.62% ($p \leq 0.001$). Покращення патернів стосунків пацієнтів після психотерапії достовірно корелювало з об'єктивним покращенням психопатологічному статусі за результатами SCL-90 та суб'єктивною оцінкою пацієнтами ефективності психотерапії за результатами VEV-test ($p \leq 0.05$, $p \leq 0.01$, $p \leq 0.001$).

Висновок. Українська версія методу ЦТКС може достовірно застосовуватися у психотерапевтичних дослідженнях. Пацієнти, які проходили короткофокусну стаціонарну психодинамічну психотерапію, сприймали свої стосунки як більш позитивні та гармонійні; ці зміни корелювали з покращенням у психічному стані пацієнтів за результатами опитувальника SCL-90 та з позитивною оцінкою пацієнтами ефективності психотерапії за результатами опитувальника VEV-test.

Ключові слова: ефективність психотерапії, стаціонарна психотерапія, центральна тема конфліктних стосунків

Abstract

CHANGES IN RELATIONSHIP PATTERNS OF INPATIENTS FOLLOWING BRIEF PSYCHODYNAMIC PSYCHOTHERAPY

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Aim: to find possible changes in relationship patterns of non-psychotic psychiatric inpatients occurring after brief psychodynamic therapy, and their correlations with clinical and subjective improvement in the patients' condition; to test the validity and applicability of the Core Conflictual Relationship Theme (CCRT) method in Ukrainian culture and language.

Material and Methods. Participants of the study were comprised of inpatients of the psychotherapy clinic of the Department of Psychiatry and Psychotherapy of the Danylo Halytsky National Medical University in Lviv, Ukraine. All patients were diagnosed with non-psychotic psychiatric disorders based on ICD-10, and assigned 10 sessions of individual brief psychodynamic psychotherapy. The study followed a naturalistic design. The main method used in the study was the Core Conflictual Relationship Theme (CCRT) method. Before therapy, all patients participated in a recorded semi-structured interview narrating ten specific interactions (relationship episodes) with one significant person of their choice. Each episode was to include three components: wishes of patients in relation to another person; responses

of the other person to their wishes; responses of the self to the responses of the other. The most important combinations of these components constituted the core conflictual relationship themes of patients. The components were extracted from narratives and translated into standard CCRT categories of the CCRT-LU (Leipzig-Ulm) category system. Before treatment, patients also filled in the Symptom Checklist Scale-90 (SCL-90) questionnaire to assess their psychopathological symptoms. Patients who completed the course of psychotherapy underwent another interview containing relationship episodes, and filled in two questionnaires - the SCL-90 (for the second time) and the Questionnaire of Changes in Experiencing and Behavior - VEV-test. Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS), version 23.0, and Microsoft Excel software.

Results and Discussion. Out of 51 patients examined, 30 completed the ten-session course of treatment, while 21 dropped out for various reasons. Before treatment, the rate of harmonious responses of others in relationship episodes of patients equaled 27.52% versus 72.48% of the disharmonious; the rate of harmonious responses of self was 23.49% versus 76.51% of the disharmonious. After treatment, the rate of harmonious responses of others increased to 40.26%, while the rate of the disharmonious decreased to 59.74% ($p \leq 0.001$); the rate of harmonious responses of self increased to 43.38%, while the rate of the disharmonious dropped to 56.62% ($p \leq 0.001$). The improvement of relationship patterns in patients after psychotherapy correlated significantly with alleviation of the psychopathological symptoms (according to SCL-90 scores) and the patients' subjective evaluation of psychotherapy effectiveness according to VEV-test results ($p \leq 0.05$, $p \leq 0.01$, $p \leq 0.001$).

Conclusions: the Ukrainian version of the CCRT method can be validly applied in psychotherapy research in Ukraine. Patients who received brief inpatient psychodynamic psychotherapy perceive their interpersonal relationships as more positive and harmonious; these changes correlate with improvement of the patients' psychopathology according to the SCL-90 and with the patients' positive evaluation of psychotherapy effectiveness according to the VEV-test results.

Keywords: psychotherapy effectiveness, inpatient psychotherapy, Core Conflictual Relationship theme

Introduction

With the increasing popularity of education in modern psychotherapy modalities and development of psychotherapy-oriented mental health services in Ukraine, research in the field, particularly aimed at developing evidence-based methods of psychotherapy effectiveness evaluation, is becoming very relevant.

In 2002, in close collaboration with Ulm University of Germany, the Core Conflictual Relationship theme (CCRT) method [1], developed

by Lester Luborsky, was first introduced in Ukraine. The CCRT is one of the most widely used and best validated methods of assessing relationship patterns in psychotherapy research. The CCRTs of patients are extracted from relationship episodes (RE) in which people describe specific interactions with other people; the REs are identified in transcripts of psychotherapy sessions or obtained via Relationship Anecdotes Paradigm (RAP-) interview [2]. Each episode includes three CCRT components: (a) wishes, needs and intentions in relation to the other person - the W-component; (b) responses of the other person to such wishes - the RO-component; and (c) - responses of the self to the responses of the other - the RS-component. The most frequent and significant combinations of these components constitute the person's CCRT [3]. Each component is then assigned to a standard CCRT category from a comprehensive system of categories compiled by CCRT researchers using extensive clinical material.

The CCRT method was selected as a main tool of our study for evaluation of effectiveness of inpatient psychodynamic psychotherapy. The aim of the present study is twofold: (a) to find possible changes in relationship patterns of non-psychotic psychiatric inpatients occurring after brief psychodynamic therapy, and their correlations with clinical and subjective improvement in the patients' condition; (b) to test the validity and applicability of the method in Ukrainian culture and language.

Material and Methods

Subjects

Participants of the study were comprised of inpatients of the psychotherapy clinic of the Department of Psychiatry and Psychotherapy of the Danylo Halytsky National Medical University in Lviv, Ukraine. The procedures followed in the study were in accordance with the Helsinki Declaration of 1975/2008 and received approval of the Ethics Committee of the Danylo Halytsky National Medical University in Lviv. The patients included in the study were all diagnosed with non-psychotic psychiatric disorders (based on ICD-10) and admitted as inpatients for brief psychodynamic psychotherapy. A preferable condition for selection was the patients' reports of their conflictual or problematic relationships. Psychotic symptoms, as

well as severe cognition and judgment impairment, were the exclusion criteria. The patients were assigned 10-session individual psychodynamic psychotherapy; they also received medical treatment for their psychopathological symptoms. All participants gave written informed consent after a detailed explanation of the aim and procedure of the study. The total number of patients included in the study was 51; 41 females and 10 males (the unequal distribution of gender reflected the actual clinical situation). Average age of patients was 37 years (SD=12.02). Twelve patients were single; 36 were married; 2 were divorced and 1 was widowed. Twenty-four of the patients were university graduates; 11 were college graduates; five were university students; two were college students; four dropped out of university; three were secondary school graduates; and two were still in secondary school. Twenty-two of the patients were working; 15 were unemployed; 9 were students; 2 were retired; and three were on maternity leave.

It is worth noting that the percentage of patients with university education was higher than in general population (47% vs 22-25%). Another 9.8% were university students at the time of the study.

Instruments

The Relationship Anecdotes Paradigm (RAP) Interview developed by L.Luborsky and P.Crits-Cristoph [2] was used to obtain narratives with relationship episodes. In the present study, the RAP-interview technique was slightly modified: the patients were asked to tell about their relationship with only one significant other person by narrating ten relationship episodes with that person. The purpose of such modification was increasing the validity of results, considering that the number of episodes in one interview was limited to ten. Each episode was to include the three CCRT components - W, RO, and RS. In the W-component, wishes towards the others (WO) and wishes towards the self (WS) were analyzed separately. Processing of CCRT components was carried out using the alternative version of the CCRT categories - the CCRT-LU category system developed by German researchers of Leipzig and Ulm [4]. The system of relationship categories CCRT-LU consists of 5 hierarchical levels: (1) 2 top categories,

"harmonious" and "disharmonious"; (2) 6 supercluster categories, ABC, D, EFG, HIJ, KL, and M; (3) 13 cluster categories, A to M; (4) 30 subcluster categories, A1 to M3; and (5) 120 subcategories A11 to M34. There are 171 categories on all levels. Superclusters D and M are identical to clusters D and M. Hence, there are 169 mutually non-identical categories. Among them, "harmonious" and "disharmonious" are complementary ones. For responses RO and RS, "positive" or "negative" values accompany the CCRT-LU rating.

The CCRT-LU category system was translated into Ukrainian, cross-compared with translations in other languages at the CCRT-LU workshop [5], and preliminarily validated by applying it to the CCRTs of fifteen Ukrainian-speaking volunteers. Psychopathology of the patients was assessed with the Symptom Checklist-90 (SCL-90), in Ukrainian translation. The SCL-90 is a 90-item self-report questionnaire designed for assessing the overall severity of the patients' psychopathology (expressed in the Global Severity Index (GSI)) as well as its particular aspects, formulated in nine dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Each item is ranked on a 5-point scale with 0 for 'not at all' and 4 for 'extremely'. Numerous studies have demonstrated adequate psychometric properties of the SCL-90 [6, 7, 8, 9]. The SCL-90 scale is especially well-suited for detecting changes in psychopathological symptoms. Subjectively experienced changes after therapy were assessed using another self-report questionnaire - the VEV-test (Veränderung des Erlebens und Verhaltens - the Questionnaire of Changes in Experiencing and Behavior) [10], in Ukrainian translation.

Procedure

The patients meeting the inclusion criteria were invited to participate and offered a detailed description of the study. After the patients signed the informed consent, they underwent the initial RAP-interview (stage t1), in which they were asked to present ten relationship episodes with one significant other person of their choice. The average time of the interview was 29 min 12 sec. The

patients also filled in the SCL-90 regarding their current psychopathological status. After completion of therapy (stage t2), the patients participated in another RAP-interview regarding their relationships with the same significant other, and following the same task and procedure as in the initial interview; SCL-90 was filled by the patients one more time to assess changes in their psychopathological symptoms. The patients who completed therapy also filled the VEV-test. All RAP-interviews were recorded and verbatim transcripts were prepared. In the transcripts, relationship episodes were identified; from each of those, CCRT components were extracted and translated into standard predicate categories of the CCRT-LU category system.

The study group 1 (N=30) included patients who completed the course of inpatient psychotherapy; group 2 (N=21) was comprised of patients who underwent the initial examination at t2 (RAP-interview, and SCL-90 initial scoring), entered therapy but dropped out before completing the 10-session course. These patients were discharged from the clinic early and were unavailable for further examination. This made the study material more extensive than it was originally planned: 51 patients and 80 RAP-interviews with 800 relationship episodes in total from which the CCRT components were extracted. One patient in group 1 completed her therapy and underwent the final examination (SCL-90 and VEV-test), but failed to provide ten RE for the final interview because of her inadequate choice of the significant person for the first interview. For this reason, only 29 final interviews from group 1 were selected for analysis.

Results

Statistical analysis of the study material was carried out using the Statistical Package for Social Sciences (SPSS) software, version 23.0. The text corpus consisted of 80 transcribed interviews, which were

analyzed for relationship elements using the CCRT-LU system. Within the interviews, 5365 relationship elements (wishes and responses) were identified. For each element, two best corresponding items from the catalogue of 120 standard categories (A11 to M34) were selected.

The total and average numbers of ratings within the text corpus are shown in Table 1.

Data structure

All data analyses were performed separately for the four dimensions: WO (wishes towards others), WS (wishes towards self), RO (responses of others), RS (responses of self).

The original data matrix contained 10,730 cases with individual CCRT-LU ratings. First, absolute frequencies of category occurrences were computed for each patient (51), measurement (2), dimension (4), and category (173). Afterwards, absolute frequencies were recomputed to relative ones, so that their sum for each person, measurement, dimension, and category system level equaled to 100.

Statistical procedures

All presented analyses were based on the aggregated data file containing relative category frequencies. Descriptive analyses were based on means and standard deviations of aggregated frequencies. For instance, for the aggregated variables RS-ABC ("I am loving") at t1 the statistical values are n=51, m=21.86, and s=17.73.

Tables 2 and 3 contain means and standard deviations of occurrences of relationship categories in the interviews of patients (n=51) before therapy. As seen from the given tables, the patients revealed 97.84 means of harmonious wishes towards the others and 83.38 - towards the self; among these, wishes from the supercluster 1 (ABC, 'loving') were the most frequent ones - 76.17 for WO and 58.18

Tab. 1

CCRT-LU ratings in the text corpus of the study

	t1		t2		total	
	total	average per interview	total	average per interview	total	average per interview
WO	528	10.4	208	7.2	736	9.2
WS	772	15.1	534	18.4	1306	16.3
RO	2868	56.2	1492	50.4	4360	54.5
RS	2838	55.6	1490	51.4	4328	54.1
total	7006	137.4	3724	128.4	10730	134.1

Tab. 2

Wishes towards others (WO) and towards self (WS) before therapy (n=51)

		WO		WS	
		m	s	m	S
HAR	harmonious	97.84	7.66	83.38	16.33
SUP1	ABC loving	76.17	26.85	58.18	25.68
A	attending to	30.60	27.90	8.64	12.73
B	supporting	28.83	27.64	7.72	13.41
C	loving, feeling well	16.73	22.68	41.83	23.63
SUP2	D strong	21.66	25.40	25.19	22.82
D	self-determined	21.66	25.40	25.19	22.82
DIS	disharmonious	2.16	7.66	16.62	16.33
SUP3	EFG weak	.45	2.49	3.51	6.84
E	depressed, resigning to smth.	.34	2.38	.79	3.05
F	dissatisfied, scared	.11	.79	2.72	6.48
G	determined by others	–	–	–	–
SUP4	HIJ unpleasant	–	–	1.45	3.99
H	being angry, unlikable	–	–	.09	.64
I	being unreliable	–	–	.49	2.09
J	rejecting	–	–	.87	3.50
SUP5	KL fighting	.51	3.57	3.55	8.17
K	dominating	.51	3.57	2.33	6.61
L	annoying, attacking	–	–	1.23	4.30
SUP6	M leaving	1.20	5.56	8.12	10.25
M	withdrawing	1.20	5.56	8.12	10.25

Tab. 3

Responses of others RO and self RS before therapy (n=51)

		RO		RS	
		m	s	m	S
HAR	harmonious	26.58	19.49	24.96	13.57
SUP1	ABC loving	21.86	17.73	17.05	10.82
A	attending to	5.85	5.31	5.10	5.17
B	supporting	8.59	8.31	4.72	5.02
C	loving, feeling well	7.41	7.32	7.23	7.24
SUP2	D strong	4.73	4.85	7.91	6.59
D	self-determined	4.73	4.85	7.91	6.59
DIS	disharmonious	73.42	19.49	75.04	13.57
SUP3	EFG weak	12.87	8.83	37.15	14.31
E	depressed, resigning to smth.	2.05	3.29	7.96	6.57
F	dissatisfied, scared	8.06	6.23	21.29	9.57
G	determined by others	2.76	3.12	7.90	5.98
SUP4	HIJ unpleasant	38.68	16.73	20.85	9.59
H	being angry, unlikable	7.07	5.19	9.44	5.91
I	unreliable	13.20	10.73	1.74	3.30
J	rejecting	18.42	9.39	9.68	6.57
SUP5	KL fighting	17.39	14.40	4.16	5.46
K	dominating	10.37	10.00	2.32	3.87
L	annoying, attacking	7.03	9.30	1.84	3.54
SUP6	M leaving	4.48	4.33	12.87	10.79
M	withdrawing	4.48	4.33	12.87	10.79

for WS. The next most frequent wishes were from supercluster 2 (D, 'strong') - 21.66 and 25.19, respectively. On the other hand, harmonious responses of others (RO) and responses of self (RS) showed correspondingly lower means - 26.58 for RO and 24.96 for RS, with disharmonious means of 73.42 and 75.04, respectively.

It should be noted that in the CCRT-LU category system, 'harmonious' and 'disharmonious'

are not always identical to 'positive' and 'negative'; positivity and negativity are determined from the context of relationship episodes. Therefore, rates of positive and negative RO and RS were calculated separately. Their mean values are presented in Table 4.

The analysis of the pre-post changes was based on 29 complete interview pairs. The aggregated variables were compared using the t-test for paired observations. The mean at t1 is

Tab. 4

Positivity or responses of others RO and self RS before therapy (n=51)

		RO		RS	
		m	s	m	s
POS	positive	27.68	20.03	25.69	14.35
NEG	negative	72.32	20.03	74.31	14.35

different from the previous one, because only 29 patients were taken into account. The t-statistic with n-1 degrees of freedom $t(28)=5.202$ is highly significant, $p=.000008$.

Overall results regarding changes in positivity of RO and RS show an m1-m2 increase from 28.62 to 44.52 for positive RO, with m1-m2 decrease of negative RO from 71.38 to 55.48 ($p\leq 0.001$). Similar dynamics is observed in RS, with an m1-m2 increase from 24.05 to 44.30 for positive RS and m1-m2 decrease from 75.95 to 55.70 ($p\leq 0.001$) for negative RS (as seen in Table 5).

Table 6 shows pre-post changes in harmonious and disharmonious RO and RS reflecting similar dynamics to positivity and negativity of RO and RS described above.

The most statistically significant pre-post changes of harmonious RO occurred in subcategories A23 (approaching, noticing, showing interest, listening, excusing) ($p\leq 0.001$), supercluster category 1 ('loving') ($p\leq 0.01$), cluster category A (attending to) ($p\leq 0.01$), and subcluster category A1 (exploring, admiring) ($p\leq 0.01$), as well as subcluster category C3 (being confident, content, experiencing pleasure) ($p\leq 0.01$), and subcategory C33 (letting

oneself go, being spontaneous, having scope to develop, being happy, feeling well, enjoying, having fun) ($p\leq 0.01$).

The most statistically significant pre-post changes of disharmonious RO occurred in cluster categories K (dominating), subcluster categories K2 (subjugating) ($p\leq 0.001$), supercluster categories 4 (unpleasant) and 5 (fighting), cluster category H (being angry, unlikable), subcluster categories H1 (feeling disgust, being angry) and J1 (ignoring, reproaching) and subcategories K21 (committing, prescribing, influencing, pressurizing, demanding, forcing to do something), K22 (dominating, asserting, repressing, debasing, subjugating, disadvantaging, controlling, testing someone, being strict), F24 (being shocked, being outraged, feeling caught in the act) ($p\leq 0.01$).

The RS-component of the CCRT demonstrated the most prominent changes, which was consistent with the findings of other studies [11, 12, 13, 14]. The most statistically significant pre-post changes of harmonious RS occurred in supercluster categories 1 (loving) ($p\leq 0.001$), cluster categories B (supporting), C (loving, feeling well), subcluster categories B1 (explaining, confirming), C3 (being confident, content, experiencing pleasure) and subcategory C33 (letting oneself go, being spontaneous, having scope to develop, being happy, feeling well, enjoying, having fun) ($p\leq 0.001$). Less significant were the increased frequencies of cluster category A (attending to),

Tab. 5

Pre-post changes of positivity of responses of others (RO) and self (RS)

		Pre-post changes, n=29							
CCRT-LU RO and RS positivity index		m ₁	s ₁	m ₂	s ₂	d	t ₂₈	p	
↗	RO-POS positive	28.62	18.67	44.52	21.48	+0.79	+4.130	.000148	***
↘	RO-NEG negative	71.38	18.67	55.48	21.48	-0.79	-4.130		
↗	RS-POS positive	24.05	12.30	44.30	16.18	+1.41	+5.204	.000008	***
↘	RS-NEG negative	75.95	12.30	55.70	16.18	-1.41	-5.204		

Legend:

m_1, s_1 ... means and standard deviations of relative frequencies before the therapy (t1)

m_2, s_2 ... means and standard deviations of relative frequencies before the therapy (t2)

d ... Cohen's effect size, unpaired equal size groups: $d = (m_2 - m_1) / \sqrt{((s_1^2 + s_2^2) / 2)}$

t_{28} ... t-statistic for 29 paired observations

p ... one sided-significance of the paired t-test, * ... $p\leq 0.05$, ** ... $p\leq 0.01$, *** ... $p\leq 0.001$

Pre-post changes of harmony of responses of others RO and self RS

		Pre-post changes, n=29								
CCRT-LU		RO and RS harmony index	m ₁	s ₁	m ₂	s ₂	d	t ₂₈	p	
↗	RO-HAR	harmonious	27.52	18.70	40.26	20.91	+0.64	+3.545	.000702	***
	RO-DIS	disharmonious	72.48	18.70	59.74	20.91	-0.64	-3.545		
↘	RS-HAR	harmonious	23.49	12.79	43.38	16.38	+1.35	+5.161	.000009	***
	RS-DIS	disharmonious	76.51	12.79	56.62	16.38	-1.35	-5.161		

Legend see Table 5.

subcluster category A2 (accepting, understanding), and subcategories A21 (accepting, respecting, taking seriously), B11 (explaining, communicating, stating, expressing, convincing), B12 (standing by someone, praising, agreeing, inspiring, encouraging), C31 (trusting, being certain, believing, being confident, being secure), C34 (being glad, being (happily) surprised, being satisfied), and D27 (having self-control, being thoughtful, being skeptical, being self-critical) ($p \leq 0.01$), cluster category A (attending to) ($p \leq 0.01$), and subcluster category A1 (exploring, admiring) ($p \leq 0.01$), as well as subcluster category C3 (being confident, content, experiencing pleasure) ($p \leq 0.01$), and subcategory C33 (letting oneself go, being spontaneous, having scope to develop, being happy, feeling well, enjoying, having fun) ($p \leq 0.01$).

The most statistically significant pre-post changes of disharmonious RS occurred in supercluster category 3 (weak) and subcategory E11 (being unhappy, being depressed, being

disappointed) ($p > 0.001$). Less significant changes were found in cluster categories E (being depressed, resigning to something), F (being dissatisfied, being scared), and M (withdrawing); subcluster categories E1 (being disappointed), F2 (being scared, anxious), and M1 (retreating, being reserved), and subcategories F21 (being anxious, being scared, being worried, avoiding, being cowardly), F23 (being nervous, being hysterical, being tense, being unrestrained), G11 (being alone, missing someone, being lonely), M11 (leaving, distancing, demarcating) and M15 (being withdrawn, keeping quiet) ($p \leq 0.01$).

Changes in the RO and RS of the main 6 superclusters are shown in Figures 1 and 2.

Spearman correlations, p one-sided, with significance levels: ~ 0.1 , * 0.05, ** 0.01, *** 0.001 were calculated between CCRT-LU changes versus SCL-90 changes and VEV outcome scale for WO, WS, RO, RS dimensions.

The most significant and consistent correlations of changes in CCRT-LU categories and

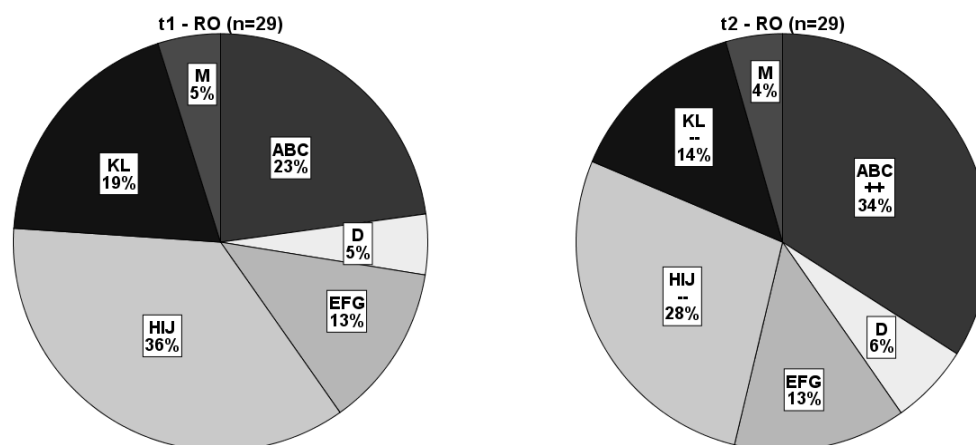


Fig. 1

Responses of others RO before and after the therapy, CCRT-LU supercluster categories

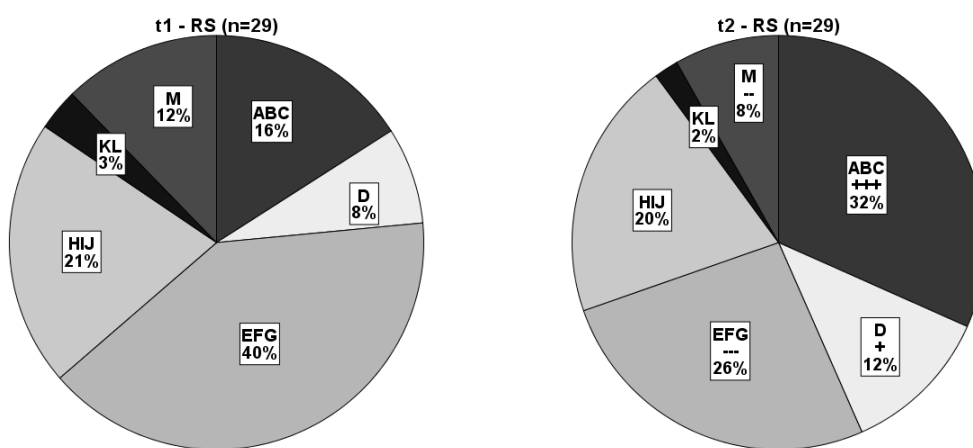


Fig.2 Responses of self RS before and after the therapy, CCRT-LU supercluster categories

SCL-90 scales and VEV outcome scale for the four CCRT-LU dimensions are presented in Table 7.

Discussion

The aim of the study was to explore possible changes in interpersonal relationship patterns occurring after brief psychodynamic inpatient therapy, and their correlations with clinical and subjective improvement in the patients' condition; and to test the validity of the CCRT method in the Ukrainian psychotherapy setting. With regard to the second aspect of the study aim, the results of the study suggest that the CCRT method and the alternative CCRT-LU category system can be successfully applied in Ukrainian culture and language, rendering valid results. In terms of the first aspect of the study aim, significant changes were found in the prevalence of the mean values of the positive/negative and the harmonious/disharmonious responses of others (RO) and responses of self (RS) before and after therapy (see Tables 5 and 6): the positive RO and RS increased by 15.9 and 20.25, respectively, and the harmonious RO and RS increased by 12.74 and 19.89, respectively. The most significant increase in positive and harmonious categories was observed for the RS-component of the CCRT, which is explained by changes occurring in the patients' perception of their relationships and their acting in relationships. The most prominent changes in RO before and after therapy were found in supercluster 4 (unpleasant) - a decrease from 35.84 to 27.58 (see Figure 1), which suggests that, in the course of therapy, the patients see the others as less unpleasant (less angry, less unlikable, less unreliable, and less

rejecting). The most prominent changes in RS after therapy occurred in supercluster 3 (weak), with a decrease from 40.17 to 26.28 (see Figure 2). This leads us to conclude that the patients perceived themselves as less depressed, less dissatisfied, less scared, and less determined by others in the course of therapy.

Exploration of the W-component of the CCRT revealed the mean values of 97.84 of harmonious WO and 83.38 of harmonious WS. The most significant correlations between WS and the SCL-90 were found in the subcluster category L2 (attacking). The wish to attack correlated with higher levels of phobic anxiety and paranoid ideation in the patients. The most consistent negative correlations between the harmonious WO and the SCL-90 were found in subscales GSI, 2, 3, 4, 5, 7, 8, 9 and subcategory C13, indicating that patients who wish for other people to like them show less overall psychopathology and, specifically, less obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, phobic anxiety, paranoid ideation and psychoticism. The disharmonious WO of superclusters 3 and 6 correlated with symptoms of depression, anxiety, and phobic anxiety shown in subscales 4, 5, and 7 (p<0.05); i.e., patients who wish other people to be weak and withdrawn, reveal more severe psychopathology on the listed subscales.

The changes in the harmonious RO demonstrated statistically significant correlations between subcluster categories A1 and cluster category D; the possible conclusion is that if other people are perceived by the patients as stronger and more exploring and admiring, the overall severity

Tab. 7

Correlations of changes in CCRTs vs changes in SCL-90 and VEV scales

WS	t1 - t1, n=28	GSI	S1	S2	S3	S4	S5	S6	S7	S8	S9	SX	VEV
HAR	harmonious	-20	.04	-28~	-12	-36*	-11	-14	-03	22	-27~	-22	25
C22	loving	40*	33*	35*	31~	28~	35*	34*	26~	38*	28~	23	-05
C33	letting oneself go, being spontaneous, having scope to develop, being happy, feeling well, enjoying, having fun	46**	40*	28~	43*	46**	31~	33*	19	29~	17	30~	-37*
DIS	disharmonious	20	.04	28~	12	36*	11	14	03	-22	27~	22	-25
H15	not liking	30~	23	27~	-08	32*	32*	-01	32*	-23	11	29~	-20
K22	dominating, asserting, repressing, debasing, subjugating, disadvantaging, controlling, testing someone, being strict	37*	30~	11	29~	14	39*	26~	38*	40*	15	18	11
L	annoying, attacking	31~	25	19	39*	20	11	15	47**	47**	12	00	12
L2	attacking	30~	23	18	39*	21	08	14	47**	47**	13	-01	12
WO	t2 - t1, n=27	GSI	S1	S2	S3	S4	S5	S6	S7	S8	S9	SX	VEV
HAR	harmonious	-48**	-28~	-42*	-27~	-47**	-40*	-10	-38*	-13	-30~	-39*	25
C13	liking, being liked, being likeable, having a friendship, getting along	-47**	-31~	-39*	-47**	-41*	-33*	-27~	-33*	-46**	-40*	-31~	32~
DIS	disharmonious	48**	28~	42*	27~	47**	40*	10	38*	13	30~	39*	-25
SUP3	EFG weak	42*	20	34*	11	38*	42*	08	39*	-03	27~	42*	-34*
E21	giving up, resigning	30~	23	28~	-08	33*	33*	-05	33*	-23	08	29~	-20
SUP6	M leaving	30~	23	28~	-08	33*	33*	-05	33*	-23	08	29~	-20
M12	keeping one's distance, retreating, withdrawing	30~	23	28~	-08	33*	33*	-05	33*	-23	08	29~	-20
RO	t2 - t1, n=29	GSI	S1	S2	S3	S4	S5	S6	S7	S8	S9	SX	VEV
HAR	harmonious	-15	00	-28~	-14	-09	-06	-33*	-22	-08	-29~	-17	25~
A1	exploring, admiring	32*	38*	14	21	10	29~	34*	19	31~	04	33*	-17
A26	understanding	-30~	-15	-25~	-07	-15	-39*	-29~	-26~	-10	-06	-21	35*
SUP2	D strong	-37*	-29~	-32*	-22	-26~	-54**	-22	-21	-06	-16	-25~	24
D	self-determined	-37*	-29~	-32*	-22	-26~	-54**	-22	-21	-06	-16	-25~	24
D1	being strong inside, being trustworthy	-35*	-25~	-31~	-26~	-18	-49**	-16	-29~	-11	-22	-34*	22
D12	being tolerant, being willing to compromise	-37*	-15	-31~	-40*	-34*	-35*	-14	-18	-34*	-11	-18	09
D15	bearing, enduring, standing, coping	-25~	-35*	-38*	-18	00	-19	-24	-40*	-25~	00	-35*	07
D28	changing, developing, improving	-29~	-13	-13	-12	-39*	-23	-11	-10	-18	-26~	-15	12
DIS	disharmonious	15	00	28~	14	09	06	33*	22	08	29~	17	-25~
G25	being moderate (out of weakness)	-32*	-32*	-25~	-27~	-26~	-25~	-25~	-28~	-32*	-23	-17	32*
I2	being egocentric	17	10	43**	-10	34*	06	-12	21	-32*	17	34*	-27~
I21	being self-satisfied, being uncritical	33*	35*	21	04	31*	38*	21	25~	-03	16	38*	-42*
I22	being dishonest, being unfair	37*	21	36*	03	45**	27~	13	31*	-10	24	40*	-32*
SUP5	KL fighting	28~	13	25~	-27~	32*	14	18	32*	06	23	19	-34*
K	dominating	23	07	17	24	25~	19	19	20	02	18	16	-43**
K12	ingratiating, intriguing, deceiving	24	13	06	20	20	05	16	30~	18	08	25~	-29~
K2	subjugating	26~	19	16	19	23	31*	32*	12	05	00	12	-36*
K21	committing, prescribing, influencing, pressurizing, demanding, forcing to do something	15	04	17	19	15	20	11	11	05	10	17	-33*
K22	dominating, asserting, repressing, debasing, subjugating, disadvantaging, controlling, testing someone, being strict	35*	28~	21	11	27~	40*	41*	22	-01	-02	15	-37*
L	annoying, attacking	31~	22	22	28~	28~	13	20	47**	21	31~	17	01
L11	hurting, offending, embarrassing, making ridiculous, humiliating	35*	39*	26~	21	30~	16	32*	33*	18	15	10	-02
L23	punishing, taking revenge, destroying, being violent	21	29~	09	38*	05	25~	32*	29~	39*	06	16	-36*
SUP6	M leaving	-18	-12	-23	-07	-32*	02	-04	03	-04	-03	-28~	28~
M	withdrawing	-18	-12	-23	-07	-32*	02	-04	03	-04	-03	-28~	28~
M3	being ill	-38*	-39*	-40*	-28~	-34*	-23	-26~	-23	-28~	-26~	-50**	34*
M32	having symptoms	-23	-20	-30~	-19	-29~	01	-30~	04	-18	-19	-28~	42*
M33	being physically ill, being mentally ill	-30~	-23	-34*	-21	-33*	-12	-19	-16	-25~	-33*	-28~	26~
M34	dying, killing oneself	-25~	-30~	-31*	-03	-24	-12	-28~	-14	-09	-09	-37*	20
RS	t2 - t1, n=29	GSI	S1	S2	S3	S4	S5	S6	S7	S8	S9	SX	VEV
POS	positive	-18	13	-30~	-35*	-28~	-15	-06	-08	-10	-49**	-13	38*
HAR	harmonious	-16	21	-26~	-37*	-30~	-06	03	-09	-11	-50**	-11	35*
A	attending to	-17	11	-28~	-16	-30~	-11	06	-08	13	-39*	-28~	54**
A2	accepting, understanding	-25~	03	-27~	-23	-32*	-20	-04	-13	00	-39*	-22	51**
A23	approaching, noticing, showing interest, listening, excusing	-30~	07	-54**	-37*	-43**	01	-04	-19	-19	-36*	-30~	28~
B11	explaining, communicating, stating, expressing, convincing	-32*	-27~	-13	-17	00	-56***	-35*	-27~	-11	-12	-41*	12
C22	loving	-38*	-18	-40*	-46**	-32*	-14	-39*	-22	-35*	-29~	-45**	30~
SUP2	D strong	-26~	-15	-11	-13	-25~	-27~	-12	-29~	-09	-29~	-30~	33*
D12	being tolerant, being willing to compromise	-54**	-53**	-37*	-14	-35*	-70***	-41*	-44**	-11	-17	-56***	53**
NEG	negative	18	-13	30~	35*	28~	15	06	08	10	49**	13	-38*
DIS	disharmonious	16	-21	26~	37*	30~	06	-03	09	11	50**	11	-35*
SUP3	EFG weak	13	-18	18	10	31~	20	-08	15	-24	32*	06	-44**
E2	resigning oneself to something	-27~	-49**	-09	-04	03	-32*	-42*	-29~	-14	22	-22	03
F	being dissatisfied, being scared	17	05	02	01	27~	27~	11	10	-11	09	05	-50**
F12	shaming oneself	20	14	52**	17	26~	09	18	07	-14	27~	34*	-54**
F2	being scared, anxious	12	08	-13	-15	24	25~	02	13	-19	-06	-04	-32*
F21	being anxious, being scared, being worried, avoiding, being cowardly	38*	32*	22	03	41*	44**	23	29~	-10	13	13	-43**
F22	being unsure, being confused, being indecisive	-18	-20	-21	-12	06	-17	-07	-33*	-14	-16	-16	-26~
G13	not being self-sufficient, being unsure of oneself	20	15	26~	21	27~	19	14	08	-04	16	26~	-47**
G22	being incapable, being inexperienced	23	-02	15	33*	33*	14	-02	29~	09	45**	18	-36*
G25	being moderate (out of weakness)	-35*	-19	-33*	-36*	-39*	-21	-20	-23	-15	-21	-07	27~
I21	being self-satisfied, being uncritical	40*	32*	32*	00	23	42*	31*	45**	03	02	25~	-18
K2	subjugating	40*	54**	14	10	20	37*	37*	39*	27~	-25~	27~	-07
K21	committing, prescribing, influencing, pressurizing, demanding, forcing to do something	42*	54**	17	15	24	34*	29~	38*	24	-15	34*	-10
M11	leaving, distancing, demarcating	35*	36*	08	41*	30~	22	21	35*	30~	08	29~	-31~
M14	avoiding conflict, being conforming, being complaisant, giving in, being submissive	-36*	-12	-40*	-19	-30~	-30~	-17	-23	02	-25~	-35*	-05

GSI - Global Severity Index; 1 - somatization; 2 - obsessive-compulsive; 3 - interpersonal sensitivity; 4 - depression; 5 - anxiety; 6 - hostility; 7 - phobic anxiety; 8 - paranoid ideation; 9 - psychoticism; X - other;

* ... $p \leq .05$, ** ... $p \leq .01$, *** ... $p \leq .001$

of psychopathology in patients is decreased. The highest statistical significance was demonstrated in anxiety subscale ($p \leq 0.01$).

The correlations between the changes in the disharmonious RO and the SCL-90 imply that subjective improvement of the patients' condition shown in the VEV-test results is associated with increased perception of other people as less critical, less dishonest ($p \leq 0.05$), less dominating ($p \leq 0.01$), as well as less subjugating and less punishing ($p \leq 0.05$). The changes in RO of supercluster 6 (leaving) also show negative correlation with the SCL-90 subscales 1, 2, and 4, which may be interpreted in the following way: if patients see other people as withdrawing, ill, and having symptoms, they show statistically significant improvement on VEV-test and somatization, obsessive-compulsive, and depression subscales of the SCL-90. These findings require exploration in further studies.

The most statistically significant and consistent correlations between changes in the CCRTs and the SCL-90 and VEV-test results before and after therapy were revealed in the RS-component. The increase in positive RS of the cluster category A showed negative correlations with the subscales 2, 3, 4, and 9 and positive correlations with the VEV-test, indicating that the patients responding as more approaching, noticing, showing interest, listening and excusing towards other people showed decrease in their obsessive-compulsive and depressive symptoms ($p \leq 0.01$), as well as in the subscales of interpersonal sensitivity and psychoticism ($p \leq 0.05$). The improvement shown in the VEV-test also correlated with the patients becoming more accepting, understanding, and attending to other people ($p \leq 0.01$). The correlations found between RS in the subcategories B11, C22, and D12 and the SCL-90 suggest that when the patients became more explaining and convincing, loving, tolerant, and willing to compromise, their psychopathology decreased in the GSI subscale, as well as in the anxiety subscale ($p \leq 0.001$), phobic anxiety subscale ($p \leq 0.01$), and hostility subscale ($p \leq 0.05$). The improvement shown in the VEV-test results correlated significantly with the patients responding as more attending ($p \leq 0.01$), accepting, understanding ($p \leq 0.01$), strong ($p \leq 0.05$), tolerant, and willing to compromise ($p \leq 0.01$). An important finding is that

the RS D12 'being tolerant, being willing to compromise' showed the most consistent decrease in psychopathology as measured by the GSI scale and subscales 1, 7 ($p \leq 0.01$), 2, 4, 6 ($p \leq 0.05$), and 5 ($p \leq 0.001$), as well as improvement according to the VEV-test results ($p \leq 0.01$). Another finding is the consistent negative correlations between the VEV-test results and the disharmonious RS in cluster 3, cluster category F and subcategory F21, possibly indicating that the less weak, dissatisfied, scared, anxious, and cowardly the patients are, the higher they rate their improvement after therapy in the VEV-test results ($p \leq 0.01$).

Other results needing further exploration are the correlations between the RS I21 'being self-satisfied and uncritical' and K2 'subjugating' and GSI scale and subscales 1, 2, 5, 6, and 7, which suggest that patients exhibiting such responses reveal more overall psychopathology and, more specifically, higher levels of somatization, obsessive-compulsive symptoms, anxiety, hostility, and phobic anxiety. On the other hand, if the patients avoid conflict (subcategory M14), they show improvement on the GSI scale and in obsessive-compulsive symptoms.

The presented study was the first to be carried out in Ukrainian inpatient psychotherapeutic setting. The research instruments employed in the study - the CCRT method, the SCL-90 and the VEV-test - were proven valid and reliable in numerous studies. This study followed a naturalistic design; the patients were examined directly in the treatment setting, and no control group was included. Because of the lack of experts in CCRT method in the country, the transcripts were evaluated by only one rater; therefore, no inter-rater reliability was calculated. Further studies involving evaluation of effectiveness of brief psychodynamic inpatient therapy need to include comparison groups to increase the validity of the findings, and explore the revealed correlations between the conflictual relationship themes and psychopathology of patients in more detail. In longer perspective, follow-up studies exploring the longevity of the achieved improvement in patients' condition and relationships need to be carried out.

Conclusions

The CCRT method and the Ukrainian version of

the CCRT-LU predicate category system can be successfully applied in psychotherapy research in Ukraine. Patients who have received brief inpatient psychodynamic psychotherapy perceive their interpersonal relationships as more positive and harmonious; these changes correlate with improvement of the patients' psychopathology according to the SCL-90 and with the patients' positive evaluation of psychotherapy effectiveness according to the VEV-test results.

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