Differential response of neurotic symptoms

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SUMMARY

Aim: The paper reports symptom improvement during intensive psychotherapy in a day hospital at the Wojewódzki Ośrodek Leczenia Nerwic.
Material: 3509 symptom checklists KO "0", filled-in by 319 patients treated in day hospital in 1990–1998. The group consisted of 235 females and 84 males, with diagnoses of somatization disorder, generalised anxiety disorder, dissociative motor and sensory disorders and with comorbid diagnoses.
Method: Symptom checklists KO "0", filled out weekly by patients were examined. For 10 selected symptoms, differential treatment-induced improvement rates were searched for.
Results: Particular symptoms disappeared with different velocity during intensive psychotherapy. In subgroups of patients with different psychotherapy outcomes, during subsequent 9 weeks of treatment, different rates of selected 10 neurotic disorders' symptoms improvement were found.
Conclusion: During psychotherapy processes with beneficial final results, a higher improvement speed for selected symptoms was observed. However, significant differences in particular symptom improvement rates make treatment monitoring more complicated.

symptom improvement / symptom dynamics / day hospital / neurotic disorders / psychotherapy research

INTRODUCTION

Variations of symptom intensity are phenomena frequently observed during psychotherapy and well known to clinicians. However, some psychotherapy researchers (e.g. Lambert, Tang, Martinovich) focused on them only in the very last decades. They analyse courses of particular symptom change during treatment. Such studies are based mainly on frequent measurements of symptoms occurrence with symptom checklists filled by patients. A broader review of relevant literature is presented in a separate publication [1].

AIM OF THE STUDY

The aim of this study was an analysis of change of ICD–10 neurotic disorder symptoms occurrence during intensive complex psychotherapy (group therapy with elements of individual therapy) and relation of those changes to the treatment outcome.

MATERIAL AND METHODS

Material for analysis was a set of 3509 symptom checklists, filled-in in by 319 patients treated at the day-hospital of the Wojewódzki Ośrodek

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Leczenia Nerwic in Cracow, Poland in 1990–1998. The sample consisted of 235 women and 84 men, including 103 patients with somatoform disorders (F45), mostly somatization disorders (F45.0) without hypochondria (F45.2), 82 patients with diagnosis of "other anxiety disorders" (F41), mostly generalised anxiety disorders (F41.1) without panic disorders (F41.0), and 63 patients suffering from conversion disorders (F44), mostly dissociative motor disorders (F44.4) and dissociative sensory disorders (F44.6), 71 patients with a diagnosis combined of elements of anxiety, conversion and somatoform disorders. In all the patients, the GSI value of symptom checklists KO "0" filled at intake, was above 165 points in men and above 200 points in women. Complete documentation of symptom intensity in subsequent weeks was accessible. Patients' age was between 18–56 years (mean = 35.8 years, median = 36, standard deviation = 8.16).

The subject of analysis was data from symptom checklists KO "0", filled out by patients before treatment (at initial interview), on the day of admission to the ward, every week (on Mondays) and on the day of therapy completion.

The symptom checklists filled out during intake examination and at outcome served only to assess treatment effects, others pictured the course of symptom change along intensive psychotherapy based on an integrative approach.

Assessment of treatment results was limited to symptom change, inferred from comparison of global symptom level (GSL) at pre- and post- therapy according to the rules described earlier [2]. In this paper, symptom change was categorized differently to clinical everyday practice [2], assuming as "symptom improvement" – result between <0.1 and 1> (i.e. "major improvement"), as "no symptom change" – result between <–0.1 and 0.1> (including clinical everyday category of "nonchanged" as well as "minor improvement" and "minor deterioration"), and as "symptom deterioration" a result between <–1 and –0.1> ("major deterioration"). "Improvement" with outcome below 100 points (for women), and below 82 points (for men), was considered as "symptom cured" (enhancing two times the clinical criteria resulting from the "cut-off point" of GSL "O" [3]).

Setting these criteria, 319 patients whose questionnaires were analysed, fell into three groups : A – improvement with disappearance of symptoms (129 cases – 40.4%), B – improvement without full symptom remission (100 cases – 31.3%) and C – "no symptom changes" (87 cases – 27.3%). Group C consisted of patients with results indicating, according to clinical criteria, minor improvement (n=59), no change (n=23) and minor deterioration (n=5). Two patients with an initial low intensity of symptoms who completed therapy with insignificant changes of global symptom level (GSL) and simultaneously acquired the category of "symptom cure" were excluded from further analyses. The only case of "major deterioration" was also omitted.

Frequencies of symptoms reported by the patients in the first (intake) questionnaire were analysed and in the next step, 10 symptoms (dissatisfaction with sexual life, lowered mood, obsessive thoughts, words and imaginations, problems with falling asleep, hypochondriac fear, dryness in mouth, free-floating anxiety, internal tension, uneasiness, muscular tremor) were chosen – symptoms most frequent in 8 scales of the checklist [4], and 2 symptoms of commonly respected importance in the domain of neurotic disorders: uneasiness (item 64 in the checklist KO "0") and non-directed anxiety (item 4). Separately for each group (A, B and C), For each of those 10 symptoms, rates of patients reporting a particular symptom in question, were calculated in the 10 subsequent weeks (only occurrence of a particular symptom was calculated, its intensity was omitted). Significance of differences between paired rates was statistically tested with two-tailed test for fractions (Statistica).

RESULTS

Dissatisfaction with sexual life

In all the groups the symptom, "dissatisfaction with sexual life", was present at the first day of treatment with a similar frequency. A significant decrease of that symptom occurred first in group A (at the beginning of the second week of therapy, ①), in group B later (②); however group C reported significant fluctuations of frequency (③④⑤). After the 9th week of therapy, dissatisfaction with sexual life was found in 21% of patients from group A, in 41% in group B, and in 40% in group C (Table 1).

Table1. Frequency of occurrence of dissatisfaction with sexual life and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Begin-ning of 2nd week	Begin-ning of 3rd week	Begin-ning of 4th week	Begin-ning of 5th week	Begin-ning of 6th week	Begin-ning of 7th week	Begin-ning of 8th week	Begin-ning of 9th week	Begin-ning of 10th week
Group A (n=129)	66% ①	45% ①	43%	40%	37% *	36%	31% ++ *	28% ++ *	25% ++*	21% ** ++
Group B (n=100)	65% ②	55%	49% ②	51%	53% *	46%	45% *	41% *	39% *	41% **
Group C (n=87)	59% ③④⑤	52%	44% ③	48%	46%	43% ④	49% ++	49% ++	45% ++	40% ⑤++

Rates significantly lower than the rate from the first measurement were marked with ①<0.001; ②③④⑤<0.05.

Paired rates significantly different (vertically), p<0.05, were marked with *, p<0.01 ** or ++.

Occurrence of lowered mood

Larger differences between groups A vs. B and C were observed for frequency of "occurrence of lowered mood". – It decreased significantly in group A just after 1 week of therapy while in group B, after the 5th week, and in the group C, finally after the 9th week.

In all three groups, lowered mood was present in almost every patient (97–99%) on the first day of therapy. A significant decrease of occurrence of that symptom happened very early in group A (①), markedly later in group B (②), but in group C only by the end of therapy (③). It ap-

pears striking, that the difference between frequency of that symptom on the first day in a day hospital and its occurrence at the beginning of the 10th week of treatment was (statistically significant) many times larger in group A (51%) than in groups B (11%) and C (11%), where it was still reported by many patients (86–88%). In the group A, lowered mood was present after 9 weeks of therapy in less than 50% of patients (Table 2).

Table 2. Frequency of occurrence of lowered mood and therapy results in the global symptom level domain

Therapy results	1st day of ther-apy	Begin-ning of 2nd week	Begin-ning of 3rd week	Begin-ning of 4th week	Begin-ning of 5th week	Begin-ning of 6th week	Begin-ning of 7th week	Begin-ning of 8th week	Begin-ning of 9th week	Begin-ning of 10th week
Group A (n=129)	98% ①	88% ①*	91%	91%	84% **+	78% **+	76% +++**	65% ***+++	64% ***+++	47% ***+++
Group B (n=100)	99% ②	96% *	97%	95%	97% **	89% ②+	92% **	87% ***	85% ***	88% ***
Group C (n=87)	97% ③	94%	93%	97%	95% +	92% **	94% +++	90% +++	93% +++	86% ③+++

Rates significantly lower than the rate from the first measurement were marked with ①②<0.005; ③<0.05.

Paired rates significantly different (vertically), p<0.05, were marked with * or +, p<0.01 **, p<0.001 *** or +++.

Table 3. Frequency of occurrence of obsessive thoughts, words and imaginations and therapy results in the global symptom level domain

Therapy results	1st day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	81% ①	71% *+	68% ①	70%	55% **	50% **++	46% **++	40% *** +	35% ***++	26% ***+++
Group B (n=100)	89% ②*	85% +	78% ②	77%	72% **	68% **	65% **	55% +	54% ++	49% ***
Group C (n=87)	77% ③*	70% *	71%	71%	67%	72% ++	68% ++	67% ***	64% ***	63% ③+++

Rates significantly lower than the rate from the first measurement were marked with ①②③<0.05.

Paired rates significantly different (vertically), p<0.05, were marked with * or +, p<0.01 ** or ++, p<0.001 ***.

Obsessive thoughts, words and imaginations

Initially occurrence of obsessive thoughts in all three groups was frequent (81 – 89 – 71%). A significant decrease of frequency of these symptoms was observed in groups A and B at the same time (① i ②); in seven weeks group C (③) followed. In group A, after 9 weeks of therapy, obsessive thoughts were reported only by 26% of the patients, and the difference between incidence of that symptom on the first day in the day-hospital and after 9 weeks of therapy was significantly larger in group A (55%) than in B (40%). It was also much bigger than that of group C (14%) (Table 3).

Problems with falling asleep

On the first day in the day-hospital, sleep disorders occurred with the same frequency in groups A and B, but were a bit more frequent in group C. A significant decrease of its frequency occurred a bit earlier in group A (①), than in groups B and C (② i ③). In group A, this particular symptom occurred after the 9th week of therapy only in 30% of patients, while in group C its final level was above 60% and was significantly – but not very much – lower than its initial level (Table 4).

Table 4. Frequency of occurrence of problems with falling asleep and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	68% ①	60% *	59%	55% ①*+	47% **	43% **	39% **	29% + ***	36% ***	30% ***
Group B (n=100)	65% ②	75% *	67%	69% *	60%	50% ②	53%	43% ** +	43% ++	40% ++
Group C (n=87)	77% ③	71%	68%	70% +	67% **	63% ③**	61% **	64% *** **	64% *** ++	62% ***++

Rates significantly lower than the rate from the first measurement were marked with ①②③<0.05.

Paired rates significantly different (vertically), p<0,05, were marked with * or +, p<0,01 ** or ++, p<0,001 ***.

Table 5. Frequency of occurrence of hypochondriac fear and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	66% ①*	61%	62% *	56% **	50% ①*+	44% *+	41% + ***	45%	33% ***++	31% ***++
Group B (n=100)	78% ②*	73%	76% *+	73% **	66% *	60% ②*	58% +	55%	54% ++	48% ++
Group C (n=87)	70%	68%	61% +	67%	67% +	59% +	68% ***	57%	59% ***	62% ***

Rates significantly lower than the rate from the first measurement were marked with ①② <0.01.

Paired rates significantly different (vertically), p<0.05, were marked with * or +, p<0.01 ** or ++, p<0.001 ***.

Frequency of incidence of hypochondriac fears.

On the first day of treatment, "hypochondriac fear" was reported significantly more frequent by patients from group B as compared to group A. Significant decrease of that symptom was observed only in groups A and B – in the fourth – fifth week of therapy (① and ②). In group A, hypochondriac fear occurred after 9th week in ca. 30% of patients, in group B in ca. 50% (Table 5).

Dryness in mouth

On the first day of therapy "dryness in mouth" was present in patients from group B insignificantly more frequently than in the other two groups. A significant decrease of frequency of that symptom was observed in groups A and B markedly earlier (① and ②) than in group C (③). In group A, dryness in the mouth was present after the 9th week of treatment only in one third of the patients, in group B in 38%, and in group C in 46% of the patients (Table 6).

Table 6. Frequency of occurrence of dryness in mouth and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	67% ①	62%	59%	59%	52% ①	46%	44%	43%	33% *	33%
Group B (n=100)	76% ②	73% **	69%	61% ②	57%	54%	54%	45%	44%	38%
Group C (n=87)	63% ③	54% **	66%	60%	56%	54%	54%	51%	49% *	46% ③

Rates significantly lower than the rate from the first measurement were marked with ① <0.01; ②③ <0.05.

Paired rates significantly different (vertically), p<0.05, were marked with *, p<0.01 **.

Table 7. Frequency of occurrence of free-floating anxiety and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	82% ①	78% ++	77%	74% **	67% ①**++	67% **++	52% ***+++	54% ***+++	47% ***+++	37% ***+++
Group B (n=100)	90% ②	91% ++*	87%	82%	83% **	84% **	77% ②***	83% ***	83% ***	69% *** *
Group C (n=87)	85%	79% *	87%	90% **	83% ++	86% ++	87% +++	78% +++	83% +++	82% +++*

Rates significantly lower than the rate from the first measurement were marked with ①<0.01; ②<0.05.

Paired rates significantly different (vertically), p<0.05, were marked with *, p<0.01 ** or ++, p<0.001 *** or +++.

Free-floating anxiety

On the first day in the day-hospital, "free-floating anxiety" was observed in all the three groups with a similar frequency (more than 80%). A significant decrease of occurrence of that symptom took place only in group A (in 4th week of therapy, ①) and B (in 6th week, ②). In group A, free-floating anxiety was present by the end of therapy in 37% of the patients. As for group C – in subsequent measurements, especially large fluctuations of frequency of that symptom were observed (Table 7).

Internal tension and uneasiness

Internal tension and uneasiness are symptoms whose frequency of occurrence was decreasing much later than that of the seven symptoms described above.

On the first day of treatment, symptom of tension was present in almost all the patients (more than 97%), in all the groups. Significant decrease of its occurrence was observed in group A two weeks earlier (①) than in groups B (②) and C (③). In that group (A), frequency of occurrence of tension after initial insignificant fluctuations, started to decrease markedly after five weeks of treatment, but it was still reported after the ninth week of therapy by as many as ca. 70%

Table 8. Frequency of occurrence of tension and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	97% ①	95% *	95% *	96%	92%	92%	88% ①**+	84% **+	78% *+	71% ***++
Group B (n=100)	98% ②	100% *	97%	98%	96%	96%	96% +	95% **	89% ②*	87% ++
Group C (n=87)	99% ③	99%	100% *	98%	97%	97%	98% **	94% +	91% ③+	95% ***

Rates significantly lower than the rate from the first measurement were marked with ①<0.01; ②③<0.05.

Paired rates significantly different (vertically), p<0.05, were marked with * or +, p<0.01 ** or ++, p<0.001 ***.

Table 9. Frequency of occurrence of uneasiness and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	97% ①	98%	98%	96%	95%	95%	91% ①	87% *	82% *+	76% +++**
Group B (n=100)	98%	99%	99%	99%	98%	97%	94%	98% *	95% *	94% +++
Group C (n=87)	98%	99%	98%	98%	97%	99%	95%	95%	97% +	94% **

Rates significantly lower than the rate from the first measurement were marked with ①<0.05.

Paired rates significantly different (vertically), p<0.005 were marked with * or +, p<0.001 **, p<0.001 +++.

of the patients. In group B, the frequency of tension increased after the first week of therapy (to 100%), then subsequently, its step-by-step, slow decrease, was observed. In group C, periods of small fluctuations of tension and its stabilization (of a bit lowered incidence) occurred, only by the end of therapy (Table 8).

In all three groups uneasiness on the first day of treatment was reported by almost all the patients (97–98%). Significant decrease of frequency of incidence of that symptom took place only in group A and only in the second half of therapy (①). Still, by the end of therapy, it was present in ca. 75% of patients. Frequency of that symptom was still very high (94%) in the other two groups (B and C) (Table 9).

Muscle tremor

Muscle tremor was present on the first day of therapy, most frequently in patients from group B (significantly more frequent than in A). Significant decrease of frequency of occurrence of that symptom took place only in groups A and B – by the end of therapy (① and ②). In group A, muscular tremor was still present after the 9th week of therapy in 44% of patients (Table 10).

Fig.1–3 show that however a selected single symptom decrease is more frequent and an earlier phenomenon in the group of patients with the best results (A), in this group of subjects, symptoms reaction to treatment follow different patterns e.g. lowered mood responds earlier than tension.

Table 10. Frequency of occurrence of muscular tremor and therapy results in the global symptom level domain

Therapy results	1 day of therapy	Beginning of 2nd week	Beginning of 3rd week	Beginning of 4th week	Beginning of 5th week	Beginning of 6th week	Beginning of 7th week	Beginning of 8th week	Beginning of 9th week	Beginning of 10th week
Group A (n=129)	69% *①	70% +	74% *	66% *	66% *	58% +++*	59% *	59%	52% ①**	44% ***+++
Group B (n=100)	83% ②*	82% **+	85% *+	83% *	79% *	72% *	72% *	67% ②	64%	69% +++
Group C (n=87)	77%	64% **	72% +	72%	75%	80% +++	71%	72%	72% **	72% ***

Rates significantly lower than the rate from the first measurement were marked with ①②<0.01.

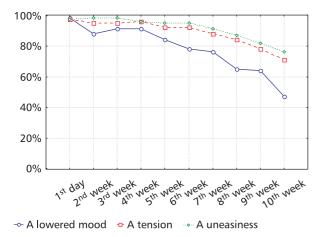Paired rates significantly different (vertically), p<0.05 were marked with * or +, p<0.01 **, p<0.001 *** or +++.

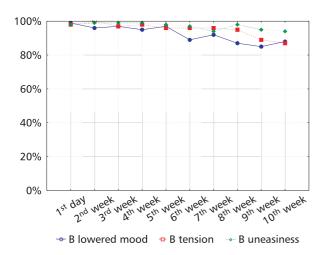**Fig. 1.** Selected symptom response to treatment in patients with best results (group A)

Fig. 2. Selected symptoms response to treatment in patients with medium results (group B)
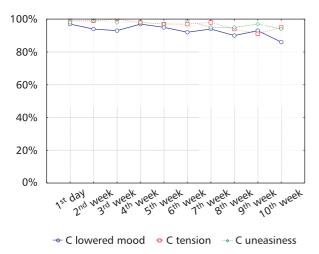

Fig. 3. Selected symptoms response to treatment in patients with worst results (group C)

DISCUSSION

In group A, frequencies of all 10 analysed symptoms decrease step-by-step and reach lower values earlier than in the other two groups. Occurrence of some symptom decrease was markedly faster, e.g. dissatisfaction with sexual life and lowered mood as soon as in two weeks time (Tables 1 and 2) and in some it was very slowly – e.g. muscle tremor as late as after seven weeks of treatment (Table 10). In group B, the frequency of symptoms predominantly decreases in a slower and less monotonic manner than in group A, and – usually from the very beginning of the stay in the day-hospital, it is higher than in group A, sometimes even higher than in group C. Frequency of symptoms in that group (C) changes irregularly only in the late treatment, increasing or decreasing usually by a few percent fluctuations (Tables 1–10).

Two symptoms: tension and uneasiness, very frequently reported by patients, disappear rather late in the course of treatment and in a small rate of patients, but it is higher in group A, than in the other two groups. It seems striking, that even in patients who were categorized as group A (best results), tension and uneasiness after the ninth week of therapy still occurred in 70–75% of the group (Tables 8 and 9). Two symptoms – lowered mood and muscle tremor – occurred after the 9th week of therapy in circa half of the patients from group A (Tables 2 and 10). Simultaneously, they differed significantly in speed of decrease of incidence in the period of subsequent weeks – which was significantly higher for lowered mood. Frequency of occurrence of the remaining six symptoms (dissatisfaction with sexual life, obsessions, problems with falling asleep, hypochondriac fear, dryness in mouth, and free-floating anxiety) decreased after the ninth week of therapy to ca. 30% (Tables 1, 3, 4, 5, 6 and 7).

A generalization of the presented results of the analyses of most frequent symptoms decrease would be unjustified because of a limitation of this study to patients suffering from selected disorders (generalized anxiety disorder, somatization and dissociative) and the fact that, as is commonly known [5] symptom dynamics depend on the form of therapy, theoretical approach, and even the individual therapy programme. Fluctuations of frequency of occurrence of symp-

toms may be dependent also on the number of sessions per week and planned duration of the therapy [e.g. 6, 7, 8].

Some of the results of this study seem to be surprising, e.g. persisting high frequency of tension and uneasiness even in patients who completed therapy with best results (A). Also other symptoms, e.g. hypochondriac fear and obsessive thoughts, withdraw fast and in large number of patients from group A, despite their initially high incidence (and rather common view on their "resistance to treatment"). Stay in a day hospital seems to be one of possible factors contributing to the removal of hypochondriac fear – contact with many patients with similar complaints, information from medical staff finally excluding diseases, other than neurotic disorder etc. – yet such a connection is not expected for obsessions. Here it may by important to instruct and inform patients about symptoms, specific interventions (e.g. related to symptom), "life events" taking place inside and outside the ward, unfortunately the last information is not collected as a routine practice, what increases difficulties with interpretation of symptom dynamics [9, 10, 11, 12].

In the group of patients completing therapy with symptom cure (group A) especially the fast "disappearance" of majority of the analysed symptoms may mean that those patients met with especially good conditions for their treatment (interventions adequate to their individual concept of disorder and with proper timing, causing insight and working-through, change in cognitive schemata and behavioural changes). Such an assumption may be supported by e.g. the fact that decreases of incidence of free-floating anxiety were visible only after the fourth week of treatment of that population (what seems discordant with the common view on special compliance of that particular symptom to non-specific therapeutic factors [13, 14]). Frequent decrease of free-floating anxiety in the population of best therapy results may-be because "discovering" by patients the initially unclear causes of that given symptom and gaining hope for cure is crucial for obtaining symptom cure. Why it is not happening in the case of tension and uneasiness – it is not known.

Easiness of decrease of lowered mood – especially fast and high in the group of symptom cure – may be caused by the reactivity to group influ-

ences as well as by experiencing treatment benefits and "remoralisation". It seems also connected with compliance of that particular symptom to treatment typical for neurotic disorders (dysthymia or mixed anxiety and depressive disorder, and not for affective disorders), with characteristics of that particular symptom.

It is difficult to explain clearly why some symptoms respond to treating influences earlier (e.g. sexual dissatisfaction or lowered mood), and other later (e.g. tension, uneasiness, muscle tremor). A similar observation was also made by other researchers [e.g. 15, 16, 17, 18, 19]. However, some rules in the dynamics of the analysed symptoms were observed. For example in the group of those improved and cured, rates of patients reporting occurrence of analysed symptoms decrease usually faster (i.e. in earlier weeks of stay) than in the other two groups without symptom cure. Those observations are consistent with literature data [e.g. 17, 20, 21], however in this analysis the most numerous differences between groups are observed just after several weeks of therapy.

Description of neurotic disorders symptom dynamics is complicated by the differentiation of the process of changes of each particular single symptom and effect of summing and "hiding" their different courses. On the one hand some symptoms decrease generally faster, independently to final therapy effects (assessed in the domain of global symptom level pre- post-therapy change), on the other hand in groups of patients with different therapy results, one can observe different patterns of decreasing of particular symptoms. Because of that, global dynamics of symptoms in terms of GSL [5] may be completely discordant with changes of particular, single symptoms of different courses.

On the one hand, phenomena of symptom dynamics are signs of nonspecific therapeutic factors' influences – if yes, then as it is proposed in literature [e.g. 22, 23], considering them as outcome predictors seems doubtful. On the other hand, phenomena of symptom dynamics provide information that is interpreted in everyday clinical practice – they are understood and considered in the "individual context" of a particular patient, course of specific processes during psychotherapy, which may bring beneficial changes as well as failure of treatment. Then, no trait of neurotic disorders symptom dynamics may serve as

a background to automated consideration of further treatment as purposeless [e.g. 17, 24].

Probably analysis of dynamics of particular single symptoms creates an opportunity to understand mechanisms leading to cure or being obstacles in the process of obtaining it. More thorough analysis of the causes of the described phenomena of symptom occurrence dynamics without rich information on therapy sessions content is very difficult, if at all possible.

CONCLUSIONS

1. Particular single symptoms of the neurotic disorder occur during treatment with varying frequency.
2. Decrease of frequency of occurrence of selected symptoms during intensive psychotherapy is the fastest in the group of patients completing therapy with "symptom cure" and slowest in the "not improved" patients.
3. The picture of a global dynamics of symptoms is the sum of processes of changes in particular single symptoms and results from summing and "masking" their different courses.

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