

# Evaluation Study of the Outcome of Psychosomatic Psychotherapy

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## ABSTRACT

Research on the outcome of psychotherapy is crucial for advancing clinical practice, especially in the field of psychosomatics, thereby contributing to the well-being of patients. This study aims to evaluate the effectiveness of an integrated psychosomatic psychotherapy program, both individual and group, through treatment analysis and outcome evaluation three months after the initial consultation. The integrated therapeutic approach includes techniques such as character analysis inspired by the work of Wilhelm Reich and bioenergetic exercises, along with group methodologies such as "The Salons of Wellness®" and the use of art therapies such as Dance Movement Therapy and Embodied Creative Aesthetic Experience. Outcome evaluation was conducted through the CORE-OM (Clinical Outcomes in Routine Evaluation) test, a self-report questionnaire that investigates four dimensions: Functioning, Problems, Well-being, and Risk. This study aims to provide an in-depth analysis of the effectiveness of integrated treatment and its effects on the psychophysical well-being of patients with psychosomatic and relational problems

## INTRODUCTION

The need to conduct research on the outcomes of psychotherapy arises from the necessity to contribute to a fundamental area for the evolution and optimization of psychotherapy within the field of psychosomatics. Outcome evaluation is crucial for the advancement of clinical practice, patient education, and overall well-being. From the perspective of clinical efficacy, outcome research in psychotherapy allows for the identification of the most effective treatments for specific clinical conditions, thereby optimizing results. Additionally, it enhances compliance, long-term outcomes, and the empowerment of patients who are more aware of their clinical journey.

For individual sessions, character analysis inspired by Wilhelm Reich's work (1933) [1] was employed, along with bioenergetic exercises based on Alexander Lowen's method (1975) [2]. Character analysis focuses specifically on analyzing resistances; therefore, the emphasis shifts from "what" the patient communicates to "how" they communicate. This includes their language, voice tone and rhythm, movements, facial expressions, and gestures, which reveal the resistances that form the character armor. Each individual's functioning is expressed in this armor, which is characterological, muscular, and energetic. It helps the individual cope with frustrating and painful life experiences but also traps them in a rigid way of living. Through character analysis, patients can quickly become aware of their attitudes and the manner in which these attitudes perpetuate psychosomatic symptoms, with the aim of restoring a more functional balance.

In group sessions, this method was integrated with a

health psychology approach designed to enhance awareness of one's needs in relation to others: "I Salotti del Benessere" (Diamare, 2015) [3]. This health promotion formula is adapted to the clinical context for treating behavioral, relational, and psychosomatic disorders. The fundamental elements include a dynamic-evolutionary, systemic, co-constructive, and psychosomatic approach [4]. The therapeutic techniques employed aim at psychophysical awareness and managing emotional experiences [5], or reducing emotional intensity by acting on cortical, sympathetic, and hypothalamic excitability. These techniques include the psychosomatic approach and bioenergetics, as well as progressive muscle relaxation.

- Progressive Muscle Relaxation (PMR): Developed by Edmund Jacobson (1987) and adopted by the RIZA Psychosomatic Institute, PMR involves contracting and then relaxing various muscle groups to increase awareness of different body areas [6,7].

Additionally, art therapy formulas include:

- Dance Movement Therapy: According to APID standards, this therapy uses the therapeutic elements of dance and movement to promote and restore psychophysical well-being [7,8].
- Embodied Creative Conscious Aesthetic Experience (Montalto & Diamare, 2011): This approach uses conscious utilization of perceptual and aesthetic capacities and the gestural interpretation of selected artworks to explore symbolic contents related to psychosomatic disorders, develop inner



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potential, and coping capacities in relationships with others [6,9].

This integrated approach aims to comprehensively address the psychological and physical dimensions of the psychological and/or clearly psychosomatic/somatopsychic issues found in patients, providing tools that have proven to be rapidly effective for both the prevention and treatment of psychosomatic and relational problems [10,11].

### MATERIALS AND METHODS

This study presents a detailed evaluation of a psychosomatic psychotherapy program, encompassing both individual and group sessions, designed for patients with a wide range of psychological and psychosomatic issues.

The CORE-OM (Clinical Outcomes in Routine Evaluation) test was used to assess treatment outcomes. Developed in the United Kingdom in 1998 (Barkham et al. 2005; Barkham et al. 2001; Evans et al. 2003 [12,13,14]) and later introduced in Italy [15,16], the CORE-OM is a self-report questionnaire comprising 34 items designed to investigate four dimensions: Functioning, Symptoms/Problems, Well-being, and Risk, evaluated on a 5-point Likert scale. Specifically, the dimensions assessed by the test are:

- Functioning (general and social functioning, and significant relationships)
- Problems (depressive, anxious, physical symptoms, and effects of trauma)
- Subjective Well-being (a single construct)
- Risk (self-harm and harm to others)

The test aims to evaluate treatment outcomes, specifically measuring the effects of activities and interventions aimed at promoting and supporting the psychophysical well-being of individuals. Therefore, the CORE-OM is not a psychodiagnostic test but a tool for detecting psychological distress and evaluating psychotherapy outcomes. The dimensions investigated represent key areas for assessing distress, on which any clinical intervention should focus. After administering the test, data were

recorded in an Excel spreadsheet designed for cross-sectional outcome assessment.

This study considered 28 adult patients undergoing psychosomatic psychotherapy. The CORE-OM questionnaire was administered to monitor their progress and evaluate outcomes both at the beginning (pre-treatment) and after three months (post-treatment).

Data analysis was conducted on a sample of 28 subjects, who were analyzed before (group T) and after (group T1) the psychosomatic psychotherapy treatment across the four dimensions:

functioning, problems, well-being, and risk. To verify the efficacy of the psychotherapy course, a descriptive analysis was performed first. Subsequently, a T-Test was used to compare group T (pre-treatment) and group T1 (post-treatment) to determine if there was a statistically valid correlation between improvement and treatment. Data analysis was performed using Jamovi® software.

### RESULTS

An initial descriptive analysis of the considered dimensions revealed a difference in the means between the two groups, indicating an improvement across all four dimensions after the body-oriented psychotherapy course. These results suggest that the body-oriented psychotherapy course had a positive impact on psychological functioning, reducing problems, increasing well-being, and decreasing risk, as shown in Table 1, where the severity level (Mean) decreased post-treatment (group T1). Regarding the "Risk" dimension, the sample compared to the population did not appear representative, as the severity level significantly decreased, as indicated by the mean and median. However, the standard deviation (SD) highlighted the presence of more high-risk outliers than low-risk values; specifically, 6 out of 28 individuals, despite improvements, still exhibited elevated risk levels after three months of treatment. To evaluate whether this impact is significant, the T-Test statistic was employed and reported in Table 2.

	Functioning T	Problems T	Well-being T	Risk T	Functioning T1	Problems T1	Well-being T1	Risk T1
N	28	28	28	28	28	28	28	28
Mean	17.4	22.7	23.6	5.84	13.2	14.9	16.9	3.10
Median	16.3	24.1	25.0	4.15	12.1	14.6	17.5	0.00
SD	5.70	8.19	6.14	7.21	5.39	7.40	6.58	5.13
IQR	8.13	12.0	8.13	8.73	6.23	8.93	5.63	3.30
Minimum	7.50	7.50	10.0	0.00	5.00	0.800	2.50	0.00
Maximum	27.5	36.7	35.0	30.0	26.6	34.2	32.5	16.7

**Table 1.** Descriptive statistics for the variables measured in the sample. The variables are divided into two distinct time points, T and T1. The statistics include the mean, median, standard deviation, minimum value, and maximum value for each variable and time of measurement. "Functioning," "Problems," "Well-being," and "Risk" represent the measured variables. "T" and "T1" indicate the two different measurement times. "N" represents the sample size.

Note. $H_a \mu T > \mu T1$			Degrees of freedom	p-value
Functioning				
t di Student				
2.82				
54.0				
< .005				
Problems	t di Student	3.71	54.0	< .005
Well-Being	t di Student	3.94	54.0	< .005
Risk	t di Student	1.64	54.0	0.054

**Table 2:** Student's *t*-test to assess significant differences in the variables of interest between the two groups. The degrees of freedom (*df*) and the *p*-value are provided for each variable.

## DISCUSSION

The hypothesis pursued was that the mean for each dimension of the pre-treatment group (T) would be significantly higher than the mean for the same group's dimensions in post-treatment (T1). This hypothesis is supported by the fact that the means of the post-treatment group are significantly lower, indicating a decrease in severity levels. Furthermore, the analysis of the results of the independent samples T-Test, as well as the previously reported descriptive statistics, confirm that the target examined has higher severity levels in pre-treatment compared to post-treatment. Only regarding the Risk dimension, there are no significant differences because, as indicated by previous analysis, it records high severity levels for some subjects both before and after treatment, which do not make it representative of the overall treatment trend.

From the study results, analyzing the data from both the pre-treatment (T) and post-treatment (T1) groups, an interesting picture emerges regarding

the effectiveness of psychosomatic psychotherapy in relation to the dimensions of Functioning, Problems, Well-being, and Risk. Firstly, the hypothesis that the mean of the group's dimensions in pre-treatment (T) would be significantly higher than in post-treatment (T1) was confirmed. This demonstrates that psychotherapy had a positive effect in reducing symptom severity and improving the psychological well-being of patients. Even the "Risk" dimension shows improvement, although it is not significant due to the presence of outliers in both conditions (T and T1).

The results thus confirm the overall effectiveness of psychosomatic psychotherapy treatment in quickly improving psychological functioning and well-being of participants within a short period (3 months), although there are still challenges in treating some high-risk subjects, which require more time and specific attention

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